

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN E AARON, SR  
P.O. BOX 12  
BOYCE, LA 71409

**Operator ID: 25646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID ABADIE  
113 ST. NICHOLAS STREET  
LULING, LA 70070

**Operator ID: 7320**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK C ABSHIER  
400 AYCOCK  
ARABI, LA 70032

**Operator ID: 6041**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN D ABSHIRE  
1506 N 4TH ST  
GUEYDAN, LA 70542

**Operator ID: 11897**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEWTON J ABSHIRE  
POST OFFICE BOX 818  
ELTON, LA 70532

**Operator ID: 5**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JILL N ACHEE  
7551 LITTLE VALLEY DR  
GONZALES, LA 70737-8175

**Operator ID: 5832**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEAN E ACKERMAN  
244 SOUTH RIVER ROAD  
PORT ALLEN, LA 70767

**Operator ID: 31546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MITCHELL T ACREE  
241 RUGGS CIRCLE  
FARMERVILLE, LA 71241

**Operator ID: 7859**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

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**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICOLE M ADAMS  
107 SUTHERLAND RD  
LAKE CHARLES, LA 70611

**Operator ID: 10010**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY W ADAMS  
502 OSSA AVANT RD  
DOWNSVILLE, LA 71234

**Operator ID: 11639**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JODY J ADAMS  
107 MAIN STREET  
CITY OF FRANKLIN  
FRANKLIN, LA 70530

**Operator ID: 14**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMON B ADAMS  
3412 LAKE TRAIL DRIVE  
METAIRIE, LA 70003

**Operator ID: 15**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK T ADAMS  
536 DEBBIE DR  
WESTWEGO, LA 70094

**Operator ID: 17**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J ADAMS  
121 W BROSSARD STREET  
CHURCH POINT, LA 70525

**Operator ID: 18106**  
**Date: 10/3/2012**

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**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAY ADAMS  
2729 RAMSEY DR  
NEW ORLEANS, LA 70131

**Operator ID: 19**  
**Date: 10/3/2012**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

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**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

RUFUS P ADAMS  
P O BOX 821  
COLUMBIA, LA 71418

**Operator ID: 20**  
**Date: 10/3/2012**

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**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD J ADAMS, JR  
577 YOUNG ST  
BERWICK, LA 70342

**Operator ID: 23**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN H ADAMS  
4005 CHESNUT STREET  
MARRERO, LA 70072

**Operator ID: 25647**  
**Date: 10/3/2012**

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**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARGIE P ADAMS  
7001 LAWRENCE RD APT 102  
NEW ORLEANS, LA 70126

**Operator ID: 32506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES W ADAMS, JR  
P.O.BOX 1907  
SISHEE, TX 77656

**Operator ID: 36498**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARY T ADAMS  
63064 MAIN STREET  
VERNADO, LA, LA 70467

**Operator ID: 5103**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS E ADAMS  
63064 MAIN STREET  
VARNADO, LA 70467

**Operator ID: 6002**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN J ADAMS, JR  
POST OFFICE BOX 261  
CENTERVILLE, LA 70522

**Operator ID: 6105**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID O ADAMS  
1325 BAYOU LN  
SLIDELL, LA 70460

**Operator ID: 7157**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R ADAMS  
57278 BEECH AVENUE  
SLIDELL, LA 70461

**Operator ID: 7158**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD G ADAMS  
1314 BREWSTER AVENUE  
RUSTON, LA 71270

**Operator ID: 7512**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH M ADAMS  
544 MOCKINGBIRD LANE  
ST ROSE, LA 70087

**Operator ID: 8745**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LINDSEY ADKINS  
82153 COLUMBIA RD  
BUSH, LA 70471

**Operator ID: 7424**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEIKITA O AGE  
1404 HOWARD AVE  
METAIRIE, LA 70003

**Operator ID: 12286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK J AGNEW  
10629 TALISMAN LANE  
ST FRANCISVILLE, LA 70775

**Operator ID: 18126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER D AGOSTA  
4717 WOODLYN DR  
BATON ROUGE, LA 70816

**Operator ID: 29166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD D AGUILLARD  
15926 CHANTILLY AVE  
BATON ROUGE, LA 70817

**Operator ID: 26709**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY L AINSWORTH  
222 MISTY BROOKE ROAD  
TROUT, LA 71371

**Operator ID: 27506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM S AIRHART  
4031 HWY. 392  
HORNBECK, LA 71439

**Operator ID: 28806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY T AKER  
4002 HWY 80  
RAYVILLE, LA 71264

**Operator ID: 21106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH T AKINS, JR  
1705 BUTLER HILL ROAD  
BENTON, LA 71006

**Operator ID: 39**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS A ALARIO  
POST OFFICE BOX 33  
MATTHEWS, LA 70375

**Operator ID: 7626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H ALBARADO  
2648 QUEEN ST  
LAKE CHARLES, LA 70607-7860

**Operator ID: 41**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEVEN J ALBERT  
135 MADELINE ST  
THIBODAU, LA 70301

**Operator ID: 11764**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VERDA M ALBIN  
P O BOX 70  
SPRINGFIELD, LA 70462

**Operator ID: 21086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT A ALBRITTON  
755 OLE HWY 15  
LOT 75  
WEST MONROE, LA 71291

**Operator ID: 27766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FLOYD ALEJANDRO  
PO BOX 723  
SIMMESPORT, LA 71369

**Operator ID: 8527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REED A ALEXANDER  
852 MARJORIE CT  
LAPLACE, LA 70068

**Operator ID: 12009**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANA P ALEXANDER  
18981 MC HUGH ROAD  
ZACHARY, LA 70791

**Operator ID: 12926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ETHEL M ALEXANDER  
253 RANDOLPH DR  
LAFAYETTE, LA 70501

**Operator ID: 32507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY D ALEXANDER  
75041 BONNIE LANE  
COVINGTON, LA 70435

**Operator ID: 35546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD W ALEXANDER  
1548 CURTIS ST  
HARVEY, LA 70058-2415

**Operator ID: 44**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE J ALEXANDER, JR  
1539 TROPIC DRIVE  
NEW ORLEANS, LA 70131

**Operator ID: 49**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GAYNELL P ALEXANDER  
136 HAHN STREET  
HAHNVILLE, LA 70057

**Operator ID: 50**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME ALEXANDER  
1090 DALFREY RD  
BREAUX BRIDGE, LA 70517

**Operator ID: 7329**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CASSIE J ALEXANDER, JR  
1173 CECIL WATKINS ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 9252**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CYNTHIA M ALEXANDER-DERBIGNEY  
812 PELERIN STREET  
JEANERETTE, LA 70544

**Operator ID: 35066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP D ALFORD  
40325 HONEY ISLAND SWAMP  
PEARL RIVER, LA 70452

**Operator ID: 52**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANGELO A ALIMIA  
24850 DIAMOND RD  
PORT SULPHUR, LA 70083

**Operator ID: 33946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN S ALISE  
POST OFFICE BOX 92  
WAKEFIELD, LA 70784

**Operator ID: 9625**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAURA L ALLADIN  
5005 LONGSTREET PLACE 1  
BOSSIER CITY, LA 71112

**Operator ID: 29587**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIM D ALLEMAN  
836 AUSTRIA RD  
DUSON, LA 70529

**Operator ID: 60**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNN J ALLEMAN  
PO BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 7642**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARED J ALLEMAND  
242 CHATEAU DRIVE  
LOCKPORT, LA 70374

**Operator ID: 5941**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW P ALLEN  
5163 ETTA STREET #7B  
BATON ROUGE, LA 70820

**Operator ID: 11625**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOYCE B ALLEN  
11022 COON ROAD  
BATCHELOR, LA 70715

**Operator ID: 12486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM H ALLEN  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 5668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A ALLEN  
POST OFFICE BOX 684  
FARMERVILLE, LA 71241

**Operator ID: 65**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLTON J ALLEN  
7441 DALEWOOD RD  
NEW ORLEANS, LA 70126

**Operator ID: 6691**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE V ALLEN, SR  
12398 JIM BABIN ROAD  
ST. AMANT, LA 70774

**Operator ID: 7161**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON P ALLEN  
17050 BENTONS FERRY AVE  
GREENWELL SPRINGS, LA 70739

**Operator ID: 7854**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD S ALLEN  
9249 HUNTINGTON AVENUE  
DENHAM SPRINGS, LA 70726

**Operator ID: 7855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

JAMES L ALLEN  
226 HULEN ALLEN ROAD  
RAYVILLE, LA 71269

**Operator ID: 8145**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROSA M ALLEN  
326 EAST WASHINGTON STREE  
SHREVEPORT, LA 71104

**Operator ID: 8146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E ALLEN, JR  
11022 COON ROAD  
BATCHELOR, LA 70715

**Operator ID: 9651**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN F ALLISON  
79182 DAVIDSON RD  
FOLSOM, LA 70437

**Operator ID: 20706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BLESSING C AMADI  
246 APT. COURT DRIVE  
APT . 122  
BATON ROUGE, LA 70806

**Operator ID: 27906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUAN R AMBERT  
70379 F STREET  
COVINGTON, LA 70433

**Operator ID: 34607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH J AMEDEE  
P O BOX 226  
76520 CENTER STREET  
ROSEDALE, LA 70772

**Operator ID: 6403**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HADI AMINI  
PO BOX 24024  
NEW ORLEANS, LA 70184

**Operator ID: 80**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CAILEB M ANCAR  
P O BOX 415  
PORT SULPHUR, LA 70083

**Operator ID: 33966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCELIN T ANCAR  
PO BOX 526  
PORT SULPHUR, LA 70083

**Operator ID: 5790**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK ANDEL  
534 OAK ST  
MANDEVILLE, LA 70448

**Operator ID: 30793**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY E ANDERSON  
6213 HWY 4  
JONESBORO, LA 71251

**Operator ID: 10989**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY J ANDERSON  
220 WALNUT ST  
COVINGTON, LA 70433

**Operator ID: 11850**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

JEFFERY R ANDERSON  
417 CARNABY CT  
BOSSIER CITY, LA 71111

**Operator ID: 29826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES W ANDERSON  
8704 CRAWFORD STREET  
METAIRIE, LA 70603

**Operator ID: 35366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

EDD ANDERSON, III  
10137 CANYON OAKS DR  
KEITHVILLE, LA 71047

**Operator ID: 36651**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES H ANDERSON  
450 DALZELL ST  
SHREVEPORT, LA 71104-2322

**Operator ID: 5674**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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Center for Environmental Health Services

**INVOICE**

KING D ANDERSON  
709 NELLIE STREET  
PINEVILLE, LA 71360

**Operator ID: 6995**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

RICHARD E ANDREPONT  
306 FACILE ROAD  
SCOTT, LA 70583

**Operator ID: 5003**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLESMA J ANDRES  
2110 3RD ST  
LAKE CHARLES, LA 70602

**Operator ID: 94**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAMMY Y ANDREWS  
8136 SKYSAIL AVE  
BATON ROUGE, LA 70820

**Operator ID: 11832**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT A ANDREWS  
135 BARNARD CIR  
HAUGHTON, LA 71037

**Operator ID: 21606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAYWARD ANDREWS, JR  
4487 OAKMOSS LN  
BATON ROUGE, LA 70812

**Operator ID: 5048**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J ANGE  
PO BOX 19013  
LAKE CHARLES, LA 70616

**Operator ID: 10890**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAM A ANGE, JR  
PO BOX 19013  
LAKE CHARLES, LA 70616-9013

**Operator ID: 10891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULES A ANGELLE  
PO BOX 207  
CECILIA, LA 70521

**Operator ID: 10990**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEIL A ANGELLE  
1087 NURSERY HWY  
BREAUX BRIDGE, LA 70517

**Operator ID: 30795**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RON ANIMASHAUN  
512 COLLEGE  
P.O. BOX 921  
NAPOLEONVILLE, LA 70390

**Operator ID: 30826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE ANTOINE  
126B ELOI TRAHAN RD  
LAFAYETTE, LA 70509

**Operator ID: 7516**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY P ARABIE  
403 LISA ST  
RAYNE, LA 70578

**Operator ID: 109**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MURPHY M ARCEMONT  
1709 VICTOR II BLVD  
MORGAN CITY, LA 70380

**Operator ID: 113**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD D ARCENEUX  
211 CARENCRO STREET  
CARENCRO, LA 70520

**Operator ID: 10190**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT K ARCENEUX  
7316 DANIELLE ROAD  
NEW IBERIA, LA 70560

**Operator ID: 115**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY P ARCENEUX  
P O BOX 5212  
LAFAYETTE, LA 70502-5212

**Operator ID: 118**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE P ARCENEUX, JR  
1710 S RICHFIELD RD  
DUSON, LA 70529

**Operator ID: 16246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD J ARCENEUX, JR  
9234 LUCIEN ROAD  
CONVENT, LA 70723

**Operator ID: 7851**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L ARDELEAN  
2500 SHREVEPORT HWY  
PINEVILLE, LA 71360

**Operator ID: 12488**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT ARDOIN  
PO BOX 1394  
EUNICE, LA 70535

**Operator ID: 121**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLAN J ARDOIN  
2303 JERLYN DR  
DENHAM SPRINGS, LA 70726

**Operator ID: 8759**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN P ARGRAVE  
17045 ACADIA WAY  
PRAIRIEVILLE, LA 70769

**Operator ID: 5330**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN J ARGUELLO  
803 N HERPIN AVE  
KAPLIN, LA 70548

**Operator ID: 36447**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY J ARMAND  
240 WEST CAPPEL ST  
MARKSVILLE, LA 71351

**Operator ID: 11641**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A ARMAND, JR  
P O BOX 93  
GRAND ISLE, LA 70358

**Operator ID: 32526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER M ARMSTRONG  
9496 HWY 157  
HAUGHTON, LA 71037

**Operator ID: 10991**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMYE L ARMSTRONG  
317 VENUS DR  
LAFAYETTE, LA 70501

**Operator ID: 14966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN P ARMSTRONG  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 2874**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROOSEVELT D ARMSTRONG  
PO BOX 1257  
WEST MONROE, LA 71294

**Operator ID: 36668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARRED B ARNOLD  
720 REED STREET  
EUNICE, LA 70535

**Operator ID: 28347**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUCIO C ARRAMBIDE  
165 ERNEST LEMOINE RD  
COLFAX, LA 71417

**Operator ID: 36147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W ARRANT  
423 CAPLES RD  
WEST MONROE, LA 71291

**Operator ID: 6239**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R ARRANT  
1955 CHINANOOK RD  
ELM GROVE, LA 71051

**Operator ID: 7558**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES H ARTHUR  
145 SOUTH PARK DR  
SLIDELL, LA 70458

**Operator ID: 27586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE L ARTHUR  
7845 JAKE LANE  
ST GABRIEL, LA 70776

**Operator ID: 7954**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W ARTIQUE, SR  
7533 JACKIE CT  
ADDIS, LA 70710

**Operator ID: 134**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VANTREVAS C ARVIE  
143 AVE OF THE ACADIAN  
APT#6  
OPELOUSAS, LA 70570

**Operator ID: 26006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY J ARY  
PO BOX 580  
MINDEN, LA 71058

**Operator ID: 5786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL G ASHBY  
2020 BOBOLINK DRIVE  
ST. BERNARD, LA 70085

**Operator ID: 12326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY I ASHCRAFT  
1178 FIRE TOWER ROAD  
JONESBORO, LA 71251

**Operator ID: 10191**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA L ASHLEY  
8618 WOODLAKE DR  
HAUGHTON, LA 71057

**Operator ID: 29607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY W ASHWORTH, JR  
939 HWY 394  
DERIDDER, LA 70634

**Operator ID: 31006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A ATEs  
1113 L ALBRITTON RD  
BERNICE, LA 71222

**Operator ID: 26566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBBY W ATKINS  
PO BOX 52466  
SHREVEPORT, LA 71135

**Operator ID: 12209**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY R ATKINS  
44438 BOOKER II ROAD  
HAMMOND, LA 70403

**Operator ID: 138**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RENEE M ATKINS  
331 SANTA ANNA DR  
LAKE CHARLES, LA 70611

**Operator ID: 24909**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIS M ATWELL  
POST OFFICE BOX 658  
JENA, LA 71342

**Operator ID: 12506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER R AUBREY  
306 MORGAN ST  
SPRINGHILL, LA 71075

**Operator ID: 10992**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH A AUCION  
16335 JAY RD  
PRAIRIEVILLE, LA 70769

**Operator ID: 26246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A AUCOIN  
8655 DOUG WAX LANE  
DENHAM SPRINGS, LA 70726

**Operator ID: 141**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARROLL J AUCOIN, JR  
7448 HWY 1 SOUTH  
DONALDSONVILLE, LA 70346

**Operator ID: 150**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BETTY M AUCOIN  
7200 GREYWOOD DR  
SHREVEPORT, LA 71107

**Operator ID: 24247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY G AUCOIN  
1854 YVONNE DR  
LAKE CHARLES, LA 70615

**Operator ID: 7955**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMIAN F AUGUST  
107 LUCY LANE  
EDGARD, LA 70049

**Operator ID: 12327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUDOLPH L AUGUST, JR  
2644 GENERAL COLLINS AVE  
NEW ORLEANS, LA 70114

**Operator ID: 153**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J AUGUSTINE  
21404 HWY 26  
JENNINGS, LA 70546

**Operator ID: 10455**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERMAN J AUSTER  
1756 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

**Operator ID: 156**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GORDON AUSTIN  
545 KATHLEEN DR  
PONCHATOULA, LA 70454

**Operator ID: 157**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VAN G AUSTIN  
1055 MULNIX SWITCH ROAD  
ATHENS, LA 71003

**Operator ID: 158**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRANT D AVERY  
P O BOX 12902  
LAKE CHARLES, LA 70612

**Operator ID: 168**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLYDE L AYCOCK  
10556 HIGHWAY 146  
DUBACH, LA 71235

**Operator ID: 170**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN P AYME  
443 PINE ST  
NORCO, LA 70079

**Operator ID: 26226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERROLL J AYMOND  
1700 OAK MANOR  
BUNKIE, LA 71322

**Operator ID: 171**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUFROI P AYMOND  
POST OFFICE BOX 900  
420 S. SIMMS  
SIMMESPORT, LA 71369

**Operator ID: 172**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDREW W BABB  
126 FACULTY DR  
LAFAYETTE, LA 70506

**Operator ID: 5183**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD C BABIN  
101 INCARNATE WORD DRIVE  
KENNER, LA 70065

**Operator ID: 10829**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARYL J BABIN  
4611 RAMON LABAUVE  
BRUSLY, LA 70719

**Operator ID: 175**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TEDDY J BABIN  
12277 JIM BABIN RD  
ST. AMANT, LA 70774

**Operator ID: 7170**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH E BABINEAU  
688 CHAPMAN RD  
FARMERVILLE, LA 71241

**Operator ID: 7405**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL BABINEAUX  
PO BOX 213  
CADE, LA 70519

**Operator ID: 179**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TED J BABINEAUX  
7015 BIG LAKE ROAD  
LAKE CHARLES, LA 70605

**Operator ID: 8530**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN V BACALA  
1777 MADRAS DRIVE  
BATON ROUGE, LA 70815

**Operator ID: 8117**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY B BADON  
110 EDDIE LANE  
CAMERON, LA 70631

**Operator ID: 183**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID K BAHAM  
PO BOX 963  
RINGGOLD, LA 71068

**Operator ID: 36266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

APRIL G BAIAMONTE  
22404 QUAIL HOLLOW RD  
LORANGER, LA 70446

**Operator ID: 19946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE T BAILEY  
1314 BOWMAN STREET  
BASTROP, LA 71220

**Operator ID: 11828**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY R BAILEY  
1849 GOOS ROAD  
LAKE CHARLES, LA 70611

**Operator ID: 35026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY A BAILEY  
115 PINE STREET  
HAHNVILLE, LA 70057

**Operator ID: 7849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL J BAKER  
6523 JOYCE STREET  
ALEXANDRIA, LA 71302

**Operator ID: 11852**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD BAKER, JR  
P O BOX 579  
LOREAUVILLE, LA 70552

**Operator ID: 18186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J BAKER  
1020 LEGER RD  
BREAUX BRIDGE, LA 70517

**Operator ID: 197**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W BAKER  
P.O. BOX 6071  
BOSSIER CITY, LA 71171-6071

**Operator ID: 201**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN L BAKER  
125 WEBRE DRIVE  
THIBODAU, LA 70301

**Operator ID: 21046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN M BAKER  
36626 PLANTATION BLVD  
PRAIRIEVILLE, LA 70769

**Operator ID: 26806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM C BAKER  
2643 MILLER AVENUE  
WESTLAKE, LA 70669

**Operator ID: 28289**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL D BAKER  
126 LAWRENCE DRIVE  
HAUGHTON, LA 71037

**Operator ID: 7958**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AMY E BALDWIN  
P O BOX 35800  
WEST MONROE, LA 71294

**Operator ID: 20606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D BALLIETT  
8310 DIXIE BLANCHARD RD  
# 45  
SHREVEPORT, LA 71107-3471

**Operator ID: 16866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES D BAMBERG  
407 LESA LANE  
STONEWALL, LA 71078

**Operator ID: 214**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE L BAMBURG, JR  
523 TRAILS END  
HAUGHTON, LA 71037

**Operator ID: 16867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VERNON BANKS  
105 EAST LOUISA WEST  
HAMMOND, LA 70403

**Operator ID: 218**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EARNEST L BANKS  
5419 OLD SLAUGHTER ROAD  
ZACHARY, LA 70791

**Operator ID: 36870**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL BANKS  
400 AYCOCK ST  
ARABI, LA 70032

**Operator ID: 5979**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERINDA S BANKS  
2723 LONG BRANCH CIRCLE  
SHREVEPORT, LA 71118

**Operator ID: 6792**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE W BANKSTER  
167 BEAU ARBRE  
COVINGTON, LA 70433

**Operator ID: 33666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON L BANKSTON  
9393 MUNSON DRIVE  
ZACHARY, LA 70791

**Operator ID: 11791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD M BANKSTON  
39649 GAYLE ROAD  
PONCHATOULA, LA 70454

**Operator ID: 20046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE A BANKSTON  
2118 NORTH BUTTERFLY CIRC  
GRETN, LA 70056

**Operator ID: 5471**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL E BANKSTON  
28005 CHELSEA STREET  
WALKER, LA 70785

**Operator ID: 6290**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CONNIE R BANTA  
3130 LIVE OAK DR  
BRUSLY, LA 70719

**Operator ID: 8498**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HEATH C BARCIA  
3304 VOLPE  
CHALMETTE, LA 70044-1278

**Operator ID: 5952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUBERT BARDELL  
3852 W LA STATE DR.  
KENNER, LA 70065

**Operator ID: 10627**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH L BARDETT  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

PATRICIA BARNABA  
925 COUNTRY RIDGE ROAD  
OPELOUSAS, LA 70570

**Operator ID: 234**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

RICKEY D BARNES  
192 PACE RD  
DUBBERLY, LA 71024

**Operator ID: 12211**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEISHA K BARNES  
6610 19TH ST  
MARRERO, LA 70072

**Operator ID: 20286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY R BARNES  
P.O. BOX 366  
BLANCHARD, LA 71009

**Operator ID: 24306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT R BARNETT  
7125 CYPRESS STREET  
WEST MONROE, LA 71291

**Operator ID: 11215**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOLLIS E BARNETT  
45023 ROBIN TRAIL RD  
ST AMANT, LA 70774

**Operator ID: 242**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E BARNETT  
1665 LINTON RD.  
BENTON, LA 71006

**Operator ID: 243**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY R BARNHILL, JR  
252 HWY 472  
WINNFIELD, LA 71483

**Operator ID: 11842**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAM M BARR  
12187 HANCOCK RD  
OAK RIDGE, LA 71264

**Operator ID: 26286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEAN K BARR  
908 NELLA ST  
MINDEN, LA 71055

**Operator ID: 29609**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN J BARRAS  
3209 EDSON BLVD  
SHREVEPORT, LA 71107

**Operator ID: 247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY P BARRAS, SR  
240 FLAMINGO ROAD  
MORGAN CITY, LA 70380

**Operator ID: 248**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL J BARRILLEAUX, JR  
3312 TIMBERLANE WAY  
#153  
HARVEY, LA 70058

**Operator ID: 5608**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN P BARRINGER, JR  
620 GEORGIA AVENUE  
BOGALUSA, LA 70427

**Operator ID: 11216**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DIRK A BARRIOS  
152 EAST 43RD STREET  
CUT OFF, LA 70345

**Operator ID: 252**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH BARROW  
1805 STONE CLIFF CIRCLE  
SHREVEPORT, LA 71119

**Operator ID: 10711**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL BARROW  
POST OFFICE BOX 982  
GRAY, LA 70359

**Operator ID: 4986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARMOND J BARTH  
2717 LEGEND DR  
MERAUX, LA 70075

**Operator ID: 31746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A BARTHELEMY, JR  
228 LORRAINE DR  
BELLE CHASSE, LA 70037

**Operator ID: 36503**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWIGHT S BARTHOLOMEW  
306 JEAN ST  
HOUMA, LA 70360

**Operator ID: 261**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN S BARTHOLOMEW  
POST OFFICE BOX 720  
PORT SULPHUR, LA 70083

**Operator ID: 5894**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAWN G BARTON  
345 BEECH SPRINGS RD  
MINDEN, LA 71055

**Operator ID: 266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAUREN BARTON  
224 LAFAYETTE ST  
APT# A  
GRETNA, LA 70053

**Operator ID: 30274**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH E BASCO  
2359 MC KEITHEN DRIVE  
ALEXANDRIA, LA 71303

**Operator ID: 11569**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES H BASS  
P.O. BOX 7852  
ALEXANDRIA, LA 71306

**Operator ID: 273**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN D BASS  
4019 OCTAVIA ST  
NEW ORLEANS, LA 70125

**Operator ID: 36509**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE B BASS  
620 AVENUE A  
PORT ALLEN, LA 70767

**Operator ID: 6407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN M BASTIAN  
109 WEST 1ST HWY 18  
EDGARD, LA 70049

**Operator ID: 7455**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANGELINE BATEAST  
407 ROSELAWN  
HOUMA, LA 70363

**Operator ID: 278**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT M BATEMAN  
10514 STRINGER BRIDGE RD  
ST AMANT, LA 70774

**Operator ID: 11217**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C BATES, JR  
31328 SHANNON DR  
LACOMBE, LA 70445

**Operator ID: 10436**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W BATES  
4213 LAKESHORE DR APT 203  
SHREVEPORT, LA 71109

**Operator ID: 26567**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R BATES  
4828 SIDNEY LN  
LIVONIA, LA 70755

**Operator ID: 7456**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNN B BATES  
4702 PLANTATIONVILLAGE #1  
NEW IBERIA, LA 70560

**Operator ID: 8506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN K BATES  
4702 PLANTATIONVILLAGE #1  
NEW IBERIA, LA 70560

**Operator ID: 8507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK D BATES  
4426 TACOMA BLVD  
SHREVEPORT, LA 71107

**Operator ID: 8899**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R BATISTE  
1028 N PRATER  
LAKE CHARLES, LA 70601

**Operator ID: 18206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERETTA R BATISTE  
603 DAPHNE DR  
GONZALES, LA 70737

**Operator ID: 19966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L BATISTE  
78 COOPER ROAD  
ALEXANDRIA, LA 71301

**Operator ID: 283**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH E BATSON, III  
POST OFFICE BOX 448  
LACOMBE, LA 70445-0448

**Operator ID: 286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD P BATTAGLIA  
113 TOPIC STREET  
MONROE, LA 71203

**Operator ID: 287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY BATTAGLIA, III  
3301 GALAN DRIVE  
KENNER, LA 70065

**Operator ID: 8244**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD M BAUDIER  
1148 TEAKWOOD DR  
HARVEY, LA 70058

**Operator ID: 32546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRET E BAUDIN  
2443 HWY 190 EAST  
HAMMOND, LA 70401

**Operator ID: 20426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA L BAUDOIN  
9905 HWY 339  
ABBEVILLE, LA 70510

**Operator ID: 11218**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

MICHAEL J BAUDOIN  
3600 CORINNE AVE  
CHALMETTE, LA 70043

**Operator ID: 297**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICHOLAS J BAUDOIN  
9905 HIGHWAY 339  
ABBEVILLE, LA 70510

**Operator ID: 7893**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUSTON R BAUM, II  
PO BOX 220  
GEORGETOWN, LA 71432

**Operator ID: 7863**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRETT P BAYARD  
3909 WEST CONGRESS  
SUITE 101  
LAFAYETTE, LA 70506

**Operator ID: 24307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHIRLEY L BEALS  
55 CARRIE MAY ROAD  
DELHI, LA 71232

**Operator ID: 10993**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE A BEARD  
5164 WEST ST  
ANACOCO, LA 71403

**Operator ID: 11573**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WINFORD T BEARD, JR  
601 W RUSH ST  
LINDEN, TX 75563

**Operator ID: 33986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY L BEASON  
527 MATTOX ROAD  
ANACOCO, LA 71403

**Operator ID: 6410**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EMILE N BEAUDEAN  
P O BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 33987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD A BEAUREAU  
4038 WHITE OAK TRACE DR  
BATON ROUGE, LA 70817

**Operator ID: 27907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY R BEAUREGARD  
3426 SUGAR HOUSE ROAD  
ALEXANDRIA, LA 71302

**Operator ID: 10994**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R BEAVER  
P.O. BOX 291  
BASTROP, LA 71221

**Operator ID: 36847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID D BEAVERS  
POST OFFICE BOX 64946  
BATON ROUGE, LA 70896

**Operator ID: 12526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS BEBEE  
22040 CARL HOPPE RD  
IOWA, LA 70647

**Operator ID: 309**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L BECHT  
106 FERNWAY LANE  
DUSON, LA 70529

**Operator ID: 310**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL G BECK  
11555 ROBIN HOOD  
BATON ROUGE, LA 70815

**Operator ID: 314**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R BECKER  
2900 PEOPLES AVE., ROOM 2  
NEW ORLEANS, LA 70122

**Operator ID: 317**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C BECKER  
13078 QUAIL MEADOW DR  
BATON ROUGE, LA 70817

**Operator ID: 36527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH D BECNEL  
13882 CLIFFORD ST  
VACHERIE, LA 70090

**Operator ID: 10657**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CAROLE H BEDWELL  
21017 VINCENT ACRES CIR  
DENHAM SPRING, LA 70726

**Operator ID: 27989**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLARENCE E BEEBE  
P O BOX 292  
HORNBECK, LA 71439

**Operator ID: 18246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID B BELL  
POST OFFICE BOX 357  
PORT SULPHUR, LA 70083

**Operator ID: 330**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN S BELL  
401 DANIEL STREET  
KENNER, LA 70062

**Operator ID: 35526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALEX M BELL, SR  
3365 JOYCE DRIVE  
BATON ROUGE, LA 70814

**Operator ID: 9130**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REGNAL C BELLARD  
106 RAYLAND STREET  
LAFAYETTE, LA 70506

**Operator ID: 6018**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY E BELLEMIN  
4513 WOODLAWN DRIVE  
BALL, LA 71405

**Operator ID: 11979**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REBECCA N BELLEMIN  
4513 WOODLAWN DRIVE  
BALL, LA 71405

**Operator ID: 25667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY BELLEZAIRE, JR  
9528 MEADOWDALE  
BATON ROUGE, LA 70811

**Operator ID: 7150**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SONNY R BELLOTTE  
POST OFFICE BOX 82566  
BATON ROUGE, LA 70884

**Operator ID: 8316**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN D BELSOME  
2556 RIDGECREST RD  
MARRERO, LA 70072

**Operator ID: 36828**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES T BEN  
203 EAST DESOTO ST  
P.O. BOX 1061  
VILLE PLATTE, LA 70586

**Operator ID: 31947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD V BENFATTI  
109 CIRCLEWOOD COURT  
SLIDELL, LA 70461

**Operator ID: 340**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARYN E BENJAMIN  
36457 MANCHAC TRACE AVE  
PRAIRIEVILLE, LA 70769

**Operator ID: 11449**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE A BENJAMIN  
36432 LAWRENCE ST  
SLIDELL, LA 70460

**Operator ID: 343**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE E BENNETT  
POST OFFICE BOX 790  
PEARL RIVER, LA 70452

**Operator ID: 12328**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN C BENNETT  
816 HWY 8  
LENA, LA 71447

**Operator ID: 23927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY S BENNETT  
580 HWY 545  
DUBACH, LA 71235

**Operator ID: 25547**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERSCHEL BENNETT  
36 CASTOR PLUNGE ROAD  
WOODWORTH, LA 71485

**Operator ID: 346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CECIL K BENNETT  
34699 OAK PLACE DR  
DENHAM SPRINGS, LA 70706

**Operator ID: 6228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL W BENNETT, JR  
33135 MACK ROAD  
WALKER, LA 70785

**Operator ID: 7311**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN R BENOIT  
504 BLISS STREET  
LAKE ARTHUR, LA 70549

**Operator ID: 24947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT J BENOIT  
380 ARTHUR LN  
HACKBERRY, LA 70645

**Operator ID: 26086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J BENOIT  
1441 WEST VINE  
EUNICE, LA 70535

**Operator ID: 26726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LLOYD H BENOIT, JR  
356 FIRWOOD DR  
HOUMA, LA 70363

**Operator ID: 4987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN J BENOIT  
145 LAJAUNIE COURT  
MORGAN CITY, LA 70380

**Operator ID: 6342**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERMAIN P BENOIT  
1579 DUCHAMP RD  
LOT#48  
BROUSSARD, LA 70518

**Operator ID: 6695**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK D BENOIT  
4008 MOSS ST  
LAFAYETTE, LA 70507

**Operator ID: 7324**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOBY D BENOIT  
1012 HWY 20  
THIBODAUX, LA 70301

**Operator ID: 7628**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS A BENSON  
119 PENSION HILL ROAD  
COLUMBIA, LA 71415

**Operator ID: 24406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEOPHUS BENSON  
2747 ST ANN STREET  
NEW ORLEANS, LA 70119

**Operator ID: 5661**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEAN L BENTON  
74 HOLIDAY DRIVE  
MONROE, LA 71203

**Operator ID: 6599**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER J BERARD  
7001 BUNDY RD APT B20  
NEW ORLEANS, LA 70127

**Operator ID: 354**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER M BERGER  
101 ASH LANE  
THIBODAU, LA 70301

**Operator ID: 7844**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD P BERGERON, II  
10303 SPRINGDALE AVENUE  
BATON ROUGE, LA 70810

**Operator ID: 11163**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA D BERGERON  
6655 EAST ACHORD  
BATON ROUGE, LA 70817

**Operator ID: 11644**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD J BERGERON  
2121 HWY 654  
GHEENS, LA 70355

**Operator ID: 12246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERENCE P BERGERON  
178 WISNER ST  
PARADIS, LA 70080

**Operator ID: 21666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS B BERGERON  
405 SOUTH DESTREHAN AVE  
DESTREHAN, LA 70047

**Operator ID: 360**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY G BERGERON  
1655 STEEPLE CHASE LANE  
NEW ORLEANS, LA 70313

**Operator ID: 362**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS BERGERON  
1204 MARTIN DR  
MERRARO, LA 70072

**Operator ID: 368**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL J BERNARD  
539 DUMONDE DRIVE  
WESTWEGO, LA 70094

**Operator ID: 371**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES B BERRY  
110 HAYES STREET  
LAFAYETTE, LA 70501

**Operator ID: 10861**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARRIOUS D BERRY  
1809 MEEKER LOOP  
LAPLACE, LA 70068

**Operator ID: 16186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY BERRY  
181 GREEN RD  
DELHI, LA 71232

**Operator ID: 381**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHERYL P BERRY  
22832 HICKEY CT.  
ZACHARY, LA 70791

**Operator ID: 5570**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN J BERTHELOT  
6422 BUECHE RD  
BUECHE, LA 70729

**Operator ID: 10449**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN J BERTHELOT  
37375 HWY 75  
PLAQUEMINE, LA 70764

**Operator ID: 10654**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN A BERTHELOT  
301 E D'AMOUR  
CHALMETTE, LA 70043

**Operator ID: 36889**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R BERTONIERE  
15185 DT. STEWART RD  
BOGALUSA, LA 70427

**Operator ID: 26307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WASTEWATER TREATMENT 1**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND BERTONIERE  
831 PERCE BLVD.  
BOGALUSA, LA 70427

**Operator ID: 7402**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY D BERTRAND  
5233 LORRAINE STREET  
ADDIS, LA 70710

**Operator ID: 11443**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSH A BERTRAND  
6367 N HWY 169  
MOORINGSPORT, LA 71060

**Operator ID: 12213**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BEVERLY S BERTRAND  
151 BESSIE ST  
EUNICE, LA 70535

**Operator ID: 18286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY C BERTRAND  
PO BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 385**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID F BERTRAND  
9905 HWY 339  
ABBEVILLE, LA 70510

**Operator ID: 388**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN J BERTRAND, JR  
1103 BAYOU ALEXANDER HWY  
ST MARTINVILLE, LA 70582

**Operator ID: 6413**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH J BERTRAND  
414 MIKE DRIVE  
PATTERSON, LA 70392

**Operator ID: 8315**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J BERTUCCI  
1500 CUTTYSARK COVE  
SLIDELL, LA 70458

**Operator ID: 392**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN R BEST  
136 HWY. 855  
DELHI, LA 71232

**Operator ID: 6998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY L BETZ  
P.O. BOX 569  
PRAIRIEVILLE, LA 70769

**Operator ID: 31386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH W BIAGASE  
920 SOUTH BULLARD STREET  
OPELOUSAS, LA 70570

**Operator ID: 6614**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE A BICKFORD  
49462 LYNN LANE  
TICKFAW, LA 70466

**Operator ID: 24108**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD C BICKFORD  
14224 SAWMILL ROAD  
TICKFAW, LA 70466

**Operator ID: 35046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

IRMA J BICKHAM  
44191 WILBUR SMITH ROAD  
FRANKLINTON, LA 70438

**Operator ID: 10197**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

LEROY J BICKHAM, JR  
209 WEST 29TH AVE  
COVINGTON, LA 70433

**Operator ID: 2872**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A BICKHAM  
1806 BENE STREET  
FRANKLINTON, LA 70438

**Operator ID: 29767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK S BICKHAM, JR  
38620 BENNIE MORRIS ROAD  
MT. HERMON, LA 70450

**Operator ID: 30328**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFTON M BIGNER  
3616 VERONICA DRIVE  
CHALMETTE, LA 70043

**Operator ID: 11337**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT A BIJEUX  
P O BOX 232  
MILTON, LA 70558

**Operator ID: 28506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COREY J BILLEDEAUX  
175 RAYMOND SANNER LN  
HACKBERRY, LA 70645

**Operator ID: 26087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EUGENE C BILLIOT, JR  
2724 RIVERBEND RD  
VIOLET, LA 70092

**Operator ID: 36155**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK D BIZETTE  
9527 MARY LOUISE STREET  
LIVONIA, LA 70750

**Operator ID: 9983**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAWSON L BLACKARD  
6171 DOGWOOD HILLS ROAD  
107 NORTH 18TH ST  
BASTROP, LA 71220

**Operator ID: 416**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R BLACKWELL  
31228 WEISS RD  
WALKER, LA 70785

**Operator ID: 29106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY F BLACKWELL  
POST OFFICE BOX 149  
ALBANY, LA 70711

**Operator ID: 422**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL BLAKE  
507 EAST 3RD STREET APT C  
DERIDDER, LA 70634

**Operator ID: 32566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILSON T BLAKE  
7341 SHEFFIELD ST  
NEW ORLEANS, LA 70126-2719

**Operator ID: 426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LELAND J BLANCHARD  
37429 PRAIRIE DR  
PRAIRIEVILLE, LA 70769-4451

**Operator ID: 10425**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LENNIS J BLANCHARD, JR  
POST OFFICE BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 10426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN C BLANCHARD  
1315 BULLRUSH DR  
BATON ROUGE, LA 70810

**Operator ID: 11535**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN K BLANCHARD  
62805 BAYOU RD  
PLAQUEMINE, LA 70710

**Operator ID: 14046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN T BLANCHARD  
107 TIMBERWOOD DR  
GRAY, LA 70359

**Operator ID: 435**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC BLANCHARD  
214 LEONARD ST  
RACELAND, LA 70394

**Operator ID: 436**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COLLINS J BLANCHARD, JR  
21453 EAST PREVOST LANE  
LORANGER, LA 70446

**Operator ID: 443**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY P BLANCHARD  
10 WILLOW LANE  
GRETN, LA 70053

**Operator ID: 5932**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELLEY J BLANK  
808 WINDSOR DR  
LAPLACE, LA 70068

**Operator ID: 33526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD L BLANKENSHIP  
6976 CONNER LN  
SHREVEPORT, LA 71107

**Operator ID: 5632**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDDIE BLANSON, JR  
106 BARTON ST  
TALLULAH, LA 71282

**Operator ID: 445**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN L BLEVINS  
PO BOX 1451  
WALKER, LA 70785

**Operator ID: 27768**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY D BLOSSOM  
257 NEW ZION RD  
WINNSBORO, LA 71295

**Operator ID: 19986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COLLIN E BLOUIN  
804 CHICKASAW DR  
OPELOUSAS, LA 70570

**Operator ID: 6897**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK O BLUE  
8190 BLANCHARD LATEX RD  
SHREVEPORT, LA 71107

**Operator ID: 16306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L BODY  
13764 KENNER AVE  
APT B  
BATON ROUGE, LA 70810

**Operator ID: 8246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

QOURTNEY E BOGAN  
4306 COLE PLACE  
SHREVEPORT, LA 71109

**Operator ID: 36572**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES N BOGUES  
3146 GREEN TERRACE RD  
SHREVEPORT, LA 71118

**Operator ID: 5448**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD L BOLDEN  
3500 TIMBERWOLF  
NEW ORLEANS, LA 70131

**Operator ID: 11393**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY M BOND  
164 MC BRIDE  
RUSTON, LA 71273

**Operator ID: 8903**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VICTOR F BONGIOVANNI, JR  
5311 HERRIDGE DRIVE  
BATON ROUGE, LA 70817

**Operator ID: 465**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E BONIN  
14801 GEORGE RD  
KAPLAN, LA 70548

**Operator ID: 28355**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS W BONNER  
508 S COX  
BASTROP, LA 71220

**Operator ID: 10682**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM BONNET  
300 KNOLLWOOD DRIVE  
LAFAYETTE, LA 70506

**Operator ID: 8490**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

BRIAN T BONNETTE  
119 BEAU VISTA  
NATCHITOCHES, LA 71458

**Operator ID: 470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL BONTON, JR  
4515 RALEIGH DR  
BATON ROUGE, LA 70814

**Operator ID: 13126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY R BOONE  
4460 HWY 107  
PINEVILLE, LA 71360

**Operator ID: 479**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

IAN D BOOTH  
1021 LAKELAND ST  
LAKE CHARLES, LA 70605

**Operator ID: 10997**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANTLEY P BOOTH  
7494 COLUMBIA DR  
LAKE CHARLES, LA 70605

**Operator ID: 11424**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEAN M BOOTH  
1320 E GAUTHIER RD  
LAKE CHARLES, LA 70607

**Operator ID: 12887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AUSTIN R BOOTH  
1320 E GAUTHIER RD  
LAKE CHARLES, LA 70607

**Operator ID: 18366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID R BOOTH  
5524 ALEXANDER LANE  
LAKE CHARLES, LA 70605

**Operator ID: 481**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN P BOQUET  
145 AZALES DR  
DONNER, LA 70352

**Operator ID: 10872**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN D BORDELON  
PO BOX 3567  
PINEVILLE, LA 71361

**Operator ID: 30786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE P BORDELON  
46 WOODCHASE CT  
VIOLET, LA 70082

**Operator ID: 34887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANKIE BORDELON  
POST OFFICE BOX 914  
SIMMESPORT, LA 71369

**Operator ID: 485**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY A BORDELON  
140 SWEDES AVE  
SHREVEPORT, LA 71105

**Operator ID: 494**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRELL A BORDELON  
20318 WEINBERGER RD  
PONCHATOULA, LA 70454

**Operator ID: 5037**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY L BORDELON  
708 PALMETTO RD  
BENTON, LA 71006

**Operator ID: 8150**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BYRON B BORDELON, III  
4615 SHERIDAN AVENUE  
METAIRIE, LA 70002

**Operator ID: 9661**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE C BORDEN  
POST OFFICE BOX 651  
PORT SULPHUR, LA 70083

**Operator ID: 6618**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW W BORNE  
22968 N. ROSARY STREET  
VACHERIE, LA 70090

**Operator ID: 28667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY J BORNE  
300 RICHLAND DRIVE  
THIBODAUX, LA 70301

**Operator ID: 500**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE BORRAS  
223 ELLEN STREET  
AMA, LA 70031

**Operator ID: 11628**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD M BORRAS  
360 EVELYN STREET  
LULING, LA 70070

**Operator ID: 30527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY S BOSBY  
3737 W. EDGEWOOD CT.  
AVONDALE, LA 70094

**Operator ID: 9335**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUBEN D BOSSIER  
P.O. BOX 221  
HAHNVILLE, LA 70057

**Operator ID: 504**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS V BOSWELL  
285 BLOCKER CHAPEL ROAD  
SAREPTA, LA 71071

**Operator ID: 8904**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN P BOUDREAUX  
1763 DOCTOR BEATROUS RD  
THERIOT, LA 70397

**Operator ID: 10998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AL C BOUDREAUX  
214 CHARLES FISHER ROAD  
OPELOUSAS, LA 70570

**Operator ID: 11645**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL J BOUDREAUX  
36420 NESSIE STREET  
WHITE CASTLE, LA 70788

**Operator ID: 12546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN T BOUDREAUX  
623 AVENUE G  
MARRERO, LA 70072

**Operator ID: 13426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN A BOUDREAUX  
2505 HWY ONE  
THIBODAUX, LA 70372

**Operator ID: 15106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODERICK J BOUDREAUX  
709 9TH STREET  
GUEYDAN, LA 70542

**Operator ID: 28686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY W BOUDREAUX  
182 WEST 18TH ST  
RESERVE, LA 70084

**Operator ID: 29346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY C BOUDREAUX  
13085 EAGLESWAY CT.  
GEISMAR, LA 70734

**Operator ID: 35428**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN P BOUDREAUX  
827 IRA STREET  
CARENCRO, LA 70520

**Operator ID: 508**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLOPHA BOUDREAUX, III  
1504 ANITA STREET  
SULPHUR, LA 70663

**Operator ID: 527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L BOUDREAUX  
177 CANADIAN LANE  
CHURCH POINT, LA 70525

**Operator ID: 5949**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE A BOUDREAUX  
406 TORONTO DRIVE  
LAFAYETTE, LA 70507

**Operator ID: 6619**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN B BOUDREAUX  
6621 FIRST STREET  
ALEXANDRIA, LA 71303

**Operator ID: 7864**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN P BOULAS  
622 HORTON ST  
MINDEN, LA 71055

**Operator ID: 16887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E BOULWARE  
21 IMOGENE ST  
WAGGAMAN, LA 70094

**Operator ID: 529**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM P BOURG  
POST OFFICE BOX 593  
SCHRIEVER, LA 70359

**Operator ID: 4988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID P BOURG  
503 BAYOU GARDENS DR  
HOUMA, LA 70364

**Operator ID: 530**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARTLEY A BOURGEOIS  
2201 OLD SPANISH TRAIL  
WEST LAKE, LA 70669

**Operator ID: 11504**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY P BOURGEOIS  
41037 MERRITT EVANS ROAD  
PRAIRIEVILLE, LA 70769

**Operator ID: 11853**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A BOURGEOIS  
103 DOGWOOD DRIVE  
LULING, LA 70070

**Operator ID: 14826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD C BOURGEOIS  
5029 PAGE STREET  
MARRERO, LA 70072

**Operator ID: 34006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NELSON J BOURGEOIS  
357 ADAMS ST  
RACELAND, LA 70374

**Operator ID: 5726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD J BOURGEOIS  
2550 LA HWY 44  
PAULINA, LA 70763

**Operator ID: 7840**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS J BOURGOYNE  
59112 LAUREL STREET  
PLAQUEMINE, LA 70764

**Operator ID: 8538**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK T BOURQUE  
38642 NORTH LONDON  
PRAIRIEVILLE, LA 70769

**Operator ID: 14047**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS A BOURQUE  
P.O. BOX 591  
LOREAUVILLE, LA 70552

**Operator ID: 33326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DREW J BOURQUE  
113 BERGERON LOOP  
CARENCRO, LA 70520

**Operator ID: 549**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT C BOURQUE  
P O BOX 561  
BALDWIN, LA 70514

**Operator ID: 6965**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**WATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A BOUSHIE  
1100 B LONGO STREET  
WAVELAND, MS 39576

**Operator ID: 10437**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTIN BOUTTE  
PO BOX 322  
BERWICK, LA 70342

**Operator ID: 7914**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TY T BOWIE  
1803 POLK STREET  
ALEXANDRIA, LA 71301

**Operator ID: 35706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN L BOWLES  
4927 VICTORIA DRIVE  
ALEXANDRIA, LA 71303

**Operator ID: 35928**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRACY A BOWLING  
PO BOX 51  
HORNBECK, LA 71439-0051

**Operator ID: 8905**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN M BOYCE  
331 REVA LN  
DERIDDER, LA 70634

**Operator ID: 36332**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD L BOYD  
5872 UP AND DOWN ROAD  
COLLINSTON, LA 71229

**Operator ID: 8540**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY BOYETT  
1617 OLIVE  
OLLA, LA 71465

**Operator ID: 5131**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERSHEL H BOYETTE, JR  
1381 LINTON ROAD  
BENTON, LA 71006

**Operator ID: 11594**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID L BOYKIN  
8900 WEIRWOOD ROAD  
SHREVEPORT, LA 71129-4639

**Operator ID: 565**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MONTE J BOYNTON  
1720 HUDSON ST  
KENNER, LA 70062

**Operator ID: 567**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L BOZEMAN, II  
1949 HWY 449  
PINE GROVE, LA 70453

**Operator ID: 11445**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROYDAN D BOZEMAN, IV  
24930 PHILLIP RICHARDSON  
DR  
HOLDEN, LA 70744

**Operator ID: 13986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROYDAN D BOZEMAN, III  
10953 N SHAVELIME DR  
BATON ROUGE, LA 70809

**Operator ID: 8431**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC J BRABHAM  
1082 SUGGS ROAD  
PORT ALLEN, LA 70767

**Operator ID: 6622**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES A BRACEY  
59656 PULESTON RD  
AMITE, LA 70422

**Operator ID: 569**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES L BRADDOCK  
POST OFFICE BOX 272  
GRAYSON, LA 71435

**Operator ID: 6601**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID BRADFORD  
18380 HWY 9  
ARCADIA, LA 71001

**Operator ID: 574**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EUGENE M BRADLEY  
11555 SOUTHFORK AVENUE  
APT# 1084  
BATON ROUGE, LA 70816

**Operator ID: 11450**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARBARA M BRADLEY  
P O DRAWER 3287  
LAKE CHARLES, LA 70605

**Operator ID: 3225**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY J BRADLEY, SR  
1106 ST LANDRY HWY  
ST LANDRY, LA 71367

**Operator ID: 8856**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LATERRANCE O BRADSHAW  
8326 GREEN LANE  
MER ROUGE, LA 71261

**Operator ID: 13946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THEODORE R BRADSHAW  
408 CHERRYWOOD DRIVE  
GRETNA, LA 70056-7711

**Operator ID: 576**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E BRADSHAW  
109 JANICE DR EXT  
SPRINGHILL, LA 71075

**Operator ID: 8542**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARYLOU BRADY  
1004 MICHAEL ST  
PATTERSON, LA 70392

**Operator ID: 12548**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS J BRADY  
106 LAC VERRET  
58 RIVER PARK  
LULING, LA 70070

**Operator ID: 7839**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN L BRANDON, SR  
1439 CORDOBA DR  
ZACHARY, LA 70791

**Operator ID: 581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J BRANDT  
201 HOLIDAY BLVD  
SUITE 150  
COVINGTON, LA 70433

**Operator ID: 582**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIM L BRANTLEY  
606 NORTH GROVE STREET  
WINNFELD, LA 71483

**Operator ID: 586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY H BRANTLEY  
5320 HWY 588  
PIONEER, LA 71266

**Operator ID: 587**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH M BRANTLEY  
5849 HWY 588  
PIONEER, LA 71266

**Operator ID: 588**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN L BRASSEAU  
5005 N UNIVERSITY  
CARENCRO, LA 70520

**Operator ID: 12549**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN E BRASWELL III  
P.O. BOX 293  
WAKEFIELD, LA 70784

**Operator ID: 33486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BYRON P BRAUD  
130 HUNT ST  
BELLE CHASSE, LA 70037

**Operator ID: 13387**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A BRAUD  
1012 MINNESOTA AVE  
KENNER, LA 70062-6146

**Operator ID: 593**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN BRAUD  
17471 LES CHENIER BLVD  
PRAIRIEVILLE, LA 70769

**Operator ID: 9061**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHESTER B BRAXTON  
POST OFFICE DRAWER 947  
KINDER, LA 70648

**Operator ID: 11421**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REID P BREAUX  
1708 FEDERAL AVENUE  
MORGAN CITY, LA 70380

**Operator ID: 10035**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELISIE E BREAUX  
115 LEONIE STREET  
PIERRE PART, LA 70339

**Operator ID: 11140**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY A BREAUX  
58315 HOMESTEAD DRIVE  
PLAQUEMINE, LA 70764

**Operator ID: 20086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND P BREAUX  
P.O. BOX 108  
LULING, LA 70070

**Operator ID: 36471**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER G BREAUX  
7774 E. TODD RD  
BELL CITY, LA 70630

**Operator ID: 600**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY L BREAUX, JR  
234 CARLON DRIVE  
DES ALLEMANDS, LA 70030

**Operator ID: 8907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES A BREAUX  
110 BERNICE DRIVE  
LULING, LA 70070

**Operator ID: 9376**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LE ROY BREELAND, JR  
15321 CHARLENE LN  
COVINGTON, LA 70435

**Operator ID: 12092**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VERN A BRELAND  
P O BOX 88  
STERLINGTON, LA 71280

**Operator ID: 22746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY B BRELAND  
63034 NORTHWOODS RD  
BOGALUSA, LA 70427

**Operator ID: 27366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARNOLD E BREWER  
168 BREWER ROAD  
LEESVILLE, LA 71446

**Operator ID: 611**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD B BRIDGES  
153 BEN BRIDGES ROAD  
DOWNSVILLE, LA 71234-5439

**Operator ID: 5788**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L BRIGGS  
135 DEVONSHIRE CIRCLE  
LAKEVIEW, AR 72642

**Operator ID: 8279**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK J BRIGNAC  
75 ELMWOOD DR  
DESTREHAN, LA 70047

**Operator ID: 27066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY S BRIGNAC  
5345 MAPLETON DR  
GREENWELL SPRINGS, LA 70739

**Operator ID: 7735**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH BRISCOE  
2913 7TH STREET  
LAKE CHARLES, LA 70615

**Operator ID: 26727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONOVAN BRISCOE  
PO BOX 16  
FRANKLIN, LA 70538

**Operator ID: 36456**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY S BRISTER  
554 SHERWOOD DR  
LAKE CHARLES, LA 70612

**Operator ID: 4984**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH L BROCK  
10178 LAKE PARK  
GONZALES, LA 70737

**Operator ID: 25307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER E BROCK  
2850 GARDERE LANE  
BATON ROUGE, LA 70820

**Operator ID: 638**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Center for Environmental Health Services

**INVOICE**

CHRISTOPHER BROCK  
6685 PERIMETER DRIVE  
BATON ROUGE, LA 70812

**Operator ID: 7736**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY A BRODHEAD, JR  
110 HILLCREST ROAD  
PINEVILLE, LA 71360

**Operator ID: 30789**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A BROOKS  
264 DOUGLAS LACEY ROAD  
SUGARTOWN, LA 70662

**Operator ID: 645**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT G BROU, SR  
295 LOWE ST  
HAHNVILLE, LA 70057

**Operator ID: 5716**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Center for Environmental Health Services

**INVOICE**

MELICIA A BROUSSARD  
907 N IRVING AVE  
KAPLIN, LA 70548

**Operator ID: 36454**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OTIS P BROUSSARD  
14205 PARK RIDGE DR  
PRAIRIEVILLE, LA 70761

**Operator ID: 5009**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J BROUSSARD  
3922 PAPLOR GROVE DR.  
ADDIS, LA 70710

**Operator ID: 5274**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DORA A BROUSSARD  
305 ROSIER STREET  
NEW IBERIA, LA 70563

**Operator ID: 5298**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD J BROUSSARD  
PO BOX 1135  
MINDEN, LA 71058-1135

**Operator ID: 5378**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK W BROUSSARD  
112 BARBARA DRIVE  
SUNSET, LA 70584

**Operator ID: 6172**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY L BROUSSARD  
218 LINDEN LEWIS RD  
YOUNGVILLE, LA 70592

**Operator ID: 6237**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD C BROUSSARD  
30 HIDDEN HILLS LAKE  
ARNAUDVILLE, LA 70512

**Operator ID: 653**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CAROL P BROUSSARD  
312 E. LEBLANC STREET  
DELCAMBRE, LA 70528

**Operator ID: 658**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J BROUSSARD  
4514 EAST ADMIRAL DOYLE D  
NEW IBERIA, LA 70560

**Operator ID: 659**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOE E BROUSSARD  
1229 CAROLYN DRIVE  
ABBEVILLE, LA 70510

**Operator ID: 6624**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BUSTER J BROUSSARD  
P.O. BOX 594  
CARENCRO, LA 70520

**Operator ID: 6761**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUANITA F BROUSSARD  
PO BOX 10831  
NEW IBERIA, LA 70562

**Operator ID: 7335**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EUGENE BROUSSARD, JR  
1435 W GLORIA SW RD  
CARENCRO, LA 70520

**Operator ID: 8545**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH K BROUSSARD  
4660 LA HWY 343  
MAURICE, LA 70555

**Operator ID: 8752**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERTRUDE M BROWN  
8800 S CLAIBORNE AVENUE  
NEW ORLEANS, LA 70118

**Operator ID: 10599**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY K BROWN  
POST OFFICE BOX 19136  
SHREVEPORT, LA 71149

**Operator ID: 10714**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN H BROWN  
8201 PALM ST APT 246  
NEW ORLEANS, LA 70118

**Operator ID: 11394**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELVIN T BROWN  
8107 COMITE ACRES DR  
BAKER, LA 70714

**Operator ID: 14767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY R BROWN  
317 CATALPA LN  
DUBBERLY, LA 71024

**Operator ID: 18386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J BROWN  
118 GUY PEARL RD  
ALEXANDRIA, LA 71302

**Operator ID: 21726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK J BROWN, SR  
41232 CHERRY HILL AVE  
PRAIREVILLE, LA 70769

**Operator ID: 22627**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY BROWN  
229 JIMMY DRIVE  
PLEASANT HILL, LA 71065

**Operator ID: 24966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN L BROWN  
11911 SCENIC HWY  
BATON ROUGE, LA 70807-1318

**Operator ID: 32586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W BROWN  
6319 WOODSIDE DR.  
ZACHARY, LA 70791

**Operator ID: 4942**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINTON D BROWN  
26 MARY STREET  
ALEXANDRIA, LA 71301

**Operator ID: 5212**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L BROWN  
8150 HWY 171  
GRAND CANE, LA 71032

**Operator ID: 5458**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN N BROWN  
621 HILL STREET  
EUNICE, LA 70535

**Operator ID: 665**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NETTIE L BROWN  
9307 KILDARE PARK RD  
SHREVEPORT, LA 71119-3529

**Operator ID: 676**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL L BROWN  
123 THEO CT  
GIBSON, LA 70356

**Operator ID: 679**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PETER N BROWN  
4315 HAMILTON ST  
NEW ORLEANS, LA 701182611

**Operator ID: 685**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILIP BROWN, JR  
14376 ESSEN TERRACE DR  
GONZALES, LA 70737

**Operator ID: 686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E BROWN, II  
2467 GENERAL COLLINS AVE  
NEW ORLEANS, LA 70114

**Operator ID: 687**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBB BROWN  
9723 PLAINVIEW ROAD  
HORNBECK, LA 71439

**Operator ID: 8234**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARAD L BROWN  
108 WANDA ST  
RAYVILLE, LA 71269

**Operator ID: 8546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKEY D BROWN  
605 WELLINGTON DR  
HOUMA, LA 70360

**Operator ID: 8548**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A BROWNING  
125 BRUSHY CREEK RD  
HORNBECK, LA 71439

**Operator ID: 688**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KODY R BRUCE  
736 MARILYN RD  
LAKE CHARLES, LA 70611

**Operator ID: 25674**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN L BRUCE  
P O BOX 55  
GEORGETOWN, LA 71432

**Operator ID: 6422**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EARL J BRUCE  
169 5TH ST  
BRIDGE CITY, LA 70094

**Operator ID: 690**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM A BRUCE  
4465 DEAN ST  
LAKE CHARLES, LA 70605

**Operator ID: 692**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE M BRUE  
8800 SOUTH CLAIBORNE  
NEW ORLEANS, LA 70118

**Operator ID: 693**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER J BRUGH, JR  
316 WEST MAIN STREET  
NEW IBERIA, LA 70560

**Operator ID: 694**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

YOLAND BRUMFIELD  
112 REFUGE DR  
LULING, LA 70070

**Operator ID: 23526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L BRUMFIELD  
46670 BRUMFIELD RD  
FRANKLINTON, LA 70438

**Operator ID: 35828**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WANDA Y BRUMFIELD  
53422 CYPRAIN RD  
LORANGER, LA 70446

**Operator ID: 5112**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY D BRUNER  
1450 BLACKLAKE RD  
HACKBERRY, LA 70645

**Operator ID: 8882**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY C BRUNET  
176 GABI COURT  
THERIOT, LA 70397

**Operator ID: 36534**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM H BRUNKHARDT  
1712 PILCHER RD  
MANY, LA 71449

**Operator ID: 35926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN C BRUNSON  
359 NEWTON ROAD  
DRY PRONG, LA 71423

**Operator ID: 699**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W BRUNSON  
451 CRAMER ROAD  
BERNICE, LA 71222

**Operator ID: 7185**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BEN T BRYAN  
930 LYNWOOD ST  
BASTROP, LA 71220

**Operator ID: 4946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBBIE L BRYANT  
12461 HOMEPORT DR STE D  
MAUREPAS, LA 70449

**Operator ID: 11916**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARYL T BRYANT  
POST OFFICE BOX 307  
DRY PRONG, LA 71423

**Operator ID: 702**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIM D BRYSON  
1513 NUBIN RIDGE  
CONVERSE, LA 71419

**Operator ID: 11652**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

RUSSELL BUCKELS  
4509 W MEADOW LN  
LAKE CHARLES, LA 70605

**Operator ID: 705**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE BUCKLEY, JR  
CITY OF OAKDALE  
P O BOX 477  
OAKDALE, LA 71463

**Operator ID: 707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK H BUFFONE, JR  
1553 EASTWOOD DRIVE  
SLIDELL, LA 70458-3109

**Operator ID: 11338**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

STEVE J BUHLER  
14678 FRENCHTOWN RD  
GREENWELL SPRINGS, LA 70739

**Operator ID: 22686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER BUIE  
244 WEST 79TH STREET  
SHREVEPORT, LA 71106

**Operator ID: 26326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS L BULLER  
707 HWY 26  
ELTON, LA 70532

**Operator ID: 24967**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS A BULLOCK  
511 CYCLE PLANT ROAD  
BENTON, LA 71006

**Operator ID: 5137**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT N BULLOCK  
602 SOUTH 26TH STREET  
MONROE, LA 71261

**Operator ID: 8323**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN BURFECT  
NEW ORLEANS SEWAGE & WATE  
8800 S. CLAIBORNE AVE.  
NEW ORLEANS, LA 70118

**Operator ID: 7682**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CINDY M BURGE  
13629 AYDELL LANE  
WALKER, LA 70785

**Operator ID: 25106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN M BURGO  
2408 KAREN ST  
THIBODAU, LA 70301

**Operator ID: 5704**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAMMY B BURK  
P O BOX 955  
VINTON, LA 70668

**Operator ID: 721**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT L BURKHALTER  
27193 EAST ELM  
LACOMBE, LA 70445

**Operator ID: 724**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEMENT R BURKS  
PO BOX 1713  
HAUGHTON, LA 71037

**Operator ID: 11891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD J BURLEIGH  
36805 HWY 69 BYPASS  
WHITE CASTLE, LA 70788

**Operator ID: 6152**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JODY L BURLESON  
16014 CHANOVE AVENUE  
GREENWELL SPRINGS, LA 70739

**Operator ID: 7000**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN J BURNHAM  
1415 DELPLAZA DRIVE  
SUITE B  
BATON ROUGE, LA 70815

**Operator ID: 11006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN G BURNS  
3127 ANNA STREET  
SHREVEPORT, LA 71103

**Operator ID: 11305**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY R BURNS  
101 WOOD ST  
PINEVILLE, LA 71360

**Operator ID: 11855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE D BURNS  
95 TENNESSEE AVENUE  
ALEXANDRIA, LA 71303

**Operator ID: 730**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W BURRIS, JR  
PO BOX 26  
82390 WES BURRIS ST  
FOLSOM, LA 70437

**Operator ID: 733**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WASTEWATER COLLECTION 2**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERESA M BURROW  
1046 PIONEER LANE  
LAKE CHARLES, LA 70611

**Operator ID: 11228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES F BURTON  
PO BOX 29116  
SHREVEPORT, LA 71149

**Operator ID: 25446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER J BUSBY  
10287 HWY 122  
DRY PRONG, LA 71423

**Operator ID: 34366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY A BUSH  
15656 COUNCIL AVE  
BATON ROUGE, LA 70817

**Operator ID: 34566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY BUSH  
2054 MARION COUNTY RD  
#3509  
JEFFERSON, TX 75657

**Operator ID: 740**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENDALL H BUSHNELL  
155 NIXON RD  
KINDER, LA 70648

**Operator ID: 26729**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY J BUSSIE  
4718 N BAYOU BLACK  
GIBSON, LA 70356

**Operator ID: 5059**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GILBERT A BUSTAMANTE  
203 BARRET DRIVE  
LULING, LA 70070

**Operator ID: 7981**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARIE C BUTEAUX  
512 EAST PUTNAM STREET  
ERATH, LA 70533

**Operator ID: 11880**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RON P BUTLER  
944 ERVIN COTTON ROAD  
EROS, LA 71238

**Operator ID: 11518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M BUTLER  
3707 REPUBLIC STREET  
NEW ORLEANS, LA 70122

**Operator ID: 11653**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN BUTLER, JR  
8286 KINGVIEW STREET  
ST JAMES, LA 70086

**Operator ID: 12366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUFUS W BUTLER  
3009 GEN COLLINS  
LAKE CHARLES, LA 70615

**Operator ID: 18426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALEX J BUTLER  
2664 NEWBERRY STATION DR  
LAKE CHARLES, LA 70611

**Operator ID: 25675**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDOLPH BUTLER  
24640 HEBERT ST  
PLAQUEMINE, LA 70764

**Operator ID: 33506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE BUTLER, III  
POST OFFICE BOX 576  
MARINGOUIN, LA 70757

**Operator ID: 750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYLE B BUTLER  
P.O. BOX 502  
POLLOCK, LA 71467

**Operator ID: 8175**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEVELAND BUTLER, JR  
5761 EASTOVER DR  
NEW ORLEANS, LA 70128-1426

**Operator ID: 8858**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES BUTLER, JR  
58400 BARROW STREET  
PLAQUEMINE, LA 70764

**Operator ID: 9667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD B BUTTER  
45 HENDERSON RD  
FOREST HILL, LA 71430

**Operator ID: 6053**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS J BUTTON, III  
1236 FARRINGTON DR  
MARRERO, LA 70072

**Operator ID: 753**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA G BUTTS  
208 THIRD ST  
LULING, LA 70070

**Operator ID: 21746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIE BUXTON  
POST OFFICE BOX 4  
ELIZABETH, LA 70638

**Operator ID: 10106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELANIE BYES  
3442 BENNETT ST  
NEW ORLEANS, LA 70117

**Operator ID: 12287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH R BYNUM  
4241 ROCKY MT DR  
BATON ROUGE, LA 70814

**Operator ID: 14066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIK P BYNUM  
160 ZOE DR  
DERIDDER, LA 70634

**Operator ID: 34026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD A BYNUM  
121 DALTON RD  
WESTLAKE, LA 70669

**Operator ID: 6042**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HORACE C BYNUM  
1200 N. BROAD STREET  
NEW ORLEANS, LA 70119

**Operator ID: 9668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHIRLEY I BYRD  
POST OFFICE BOX 730  
KENNER, LA 70063

**Operator ID: 11396**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT A BYRD  
4024 WHITE SAND DR  
BATON ROUGE, LA 70814

**Operator ID: 19626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY BYRD  
2765 WYATT ROAD  
BELMONT, LA 71406

**Operator ID: 7187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J BYRD  
515 KINLER STREET  
LULING, LA 70070

**Operator ID: 8868**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD CAESAR, SR  
624 CARDINAL STREET  
LAPLACE, LA 70068

**Operator ID: 9998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN CAIN  
125 PLUM ST  
RIDGECREST, LA 71334

**Operator ID: 22886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH A CALAMARI  
1028 RAYMOND DR  
METAIRIE, LA 70001

**Operator ID: 20786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SALVADOR J CALATO  
14259 HIGHWAY 1078  
FOLSOM, LA 70437

**Operator ID: 10701**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD D CALCOTE  
629 LUM HARPER ROAD  
DERIDDER, LA 70634

**Operator ID: 6626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES K CALDARERA, JR  
5147 MATTIE REEVES RD  
LAKE CHARLES, LA 70611

**Operator ID: 31106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STACY A CALDWELL  
POST OFFICE BOX 443  
MARION, LA 71260

**Operator ID: 7408**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY D CALDWELL  
552 ANDREWS ROAD  
MARION, LA 71260

**Operator ID: 7443**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEAN A CALDWELL  
1634 LAKEVIEW STREET  
DERIDDER, LA 70634

**Operator ID: 764**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL A CALHOUN  
3170 HWY 849  
GRAYSON, LA 71435

**Operator ID: 6206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY R CALLAHAN  
19598 GARLAND STREET  
COVINGTON, LA 70435

**Operator ID: 11446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRETT W CALLAIS  
5892 WRANGLER  
IOWA, LA 70647

**Operator ID: 26106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J CALLEGARI  
135 SHADY OAKS LANE  
BELLE CHASSE, LA 70037

**Operator ID: 5842**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RALPH L CALLEGARI  
1226 LINDEN GROVE ROAD  
CHURCH POINT, LA 70525

**Operator ID: 767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTY E CALLOWAY  
3108 DEAN DAY RD  
SULPHUR, LA 70663

**Operator ID: 9589**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN J CAMBRE  
253 S CHURCH STREET  
GARYVILLE, LA 70051

**Operator ID: 774**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS J CAMBRE  
173 GOODHOPE STREET  
NORCO, LA 70079

**Operator ID: 8911**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANGELA J CAMPBELL  
210 DAVIS DRIVE  
MONROE, LA 71201-4819

**Operator ID: 24609**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E CAMPBELL  
4825 FAIRWAY VIEW DRIVE  
SHREVEPORT, LA 71107

**Operator ID: 777**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEY P CAMPO  
55618 OLD US 51  
INDEPENDENCE, LA 70443

**Operator ID: 13486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN S CANALES  
4429 W /AICH LEVEE-RD  
KROTZ SPRINGS, LA 70750

**Operator ID: 28067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C CANGELOSI  
7075 NORTH RIVER RD  
PORT ALLEN, LA 70767

**Operator ID: 785**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KAVIN C CANIK  
PO BOX 1434  
JENNINGS, LA 70546

**Operator ID: 21766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

BRIAN K CANNON  
1309 VIDRINE ST  
OPELOUSAS, LA 70570

**Operator ID: 26007**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADRIN CANNON  
3614 W METAIRIE AVE NORTH  
METAIRIE, LA 70001

**Operator ID: 30566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**OP-IN-TRAINING - WP**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH P CANNON  
4199 LEIGH DRIVE  
PINEVILLE, LA 71360

**Operator ID: 5836**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY V CANTER  
46068 GOLD PLACE ROAD  
ST AMANT, LA 70774

**Operator ID: 5518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS M CANTRELL  
174 CANTRELL ROAD  
CHOUDRANT, LA 71227

**Operator ID: 8912**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LETHA G CANTRELLE  
104 MAW DOT CT  
GIBSON, LA 70356

**Operator ID: 36246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERCY L CARGO  
P O BOX 65  
EVANGELINE DR  
DONALDSONVILLE, LA 70346

**Operator ID: 28246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLYDE E CARLSON  
2137 S. LOPEZ STREET  
NEW ORLEANS, LA 70125

**Operator ID: 25677**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W CARMOUCHE  
126 HILLTOP DRIVE  
MARKSVILLE, LA 71351

**Operator ID: 11654**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCEY L CARMOUCHE  
POST OFFICE BOX 411  
BERWICK, LA 70342

**Operator ID: 7833**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRBY W CARPENTER, JR  
13250 LAMAR MORGAN RD  
SAINT AMANT, LA 70774

**Operator ID: 27367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLOS M CARPENTER  
PO BOX 54  
CALVIN, LA 71410

**Operator ID: 36156**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINTON E CARPENTER  
P O BOX 462  
NATCHITOCHES, LA 71457

**Operator ID: 799**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRALYN L CARR  
PO BOX 755  
FRANKLIN, LA 70538

**Operator ID: 26987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEANDRIA L CARR  
7058 BRADFORD LANE  
JACKSON, LA 70748

**Operator ID: 5168**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHERWIN L CARRIER  
P O BOX873  
OBERLIN, LA 70655

**Operator ID: 31226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANA A CARRIER  
1709 MATILDA STREET  
WESTLAKE, LA 70669

**Operator ID: 6044**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CONNIE A CARRIER  
9350 FALSE RIVER  
NEW ROADS, LA 70760

**Operator ID: 9548**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL CARRIERE  
915 AUSTRIA ROAD  
DUSON, LA 70529

**Operator ID: 11008**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID D CARRIERE  
325 LEONIE ST  
CHURCH POINT, LA 70525

**Operator ID: 35846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY J CARRIERE  
1824 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

**Operator ID: 5841**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID S CARRODUS  
17145 MILLION DOLLAR ROAD  
COVINGTON, LA 70435

**Operator ID: 10565**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE O CARROLL, III  
3204 GRASSY LAKE DR  
BATON ROUGE, LA 70816

**Operator ID: 12031**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY W CARROLL, JR  
784 HWY 1241  
COLFAX, LA 71417

**Operator ID: 15086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT J CARROLL  
223 EISENHOWER ST  
ST ROSE, LA 70087

**Operator ID: 6700**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARL R CARROLL  
PO BOX 212  
TIOGA, LA 71477-0212

**Operator ID: 806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VELLER R CARROLL  
6712 US HIGHWAY 28 E  
PINEVILLE, LA 71360

**Operator ID: 807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID D CARSON  
1806 GIBBONS ST  
PINEVELE, LA 71360

**Operator ID: 35889**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDDY J CARTER  
210 MC ARTHUR  
VIVIAN, LA 71082

**Operator ID: 10012**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEAN S CARTER  
573 HWY 1085  
MADISONVILLE, LA 70447

**Operator ID: 10460**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES J CARTER  
PO BOX 853  
SIMMESPORT, LA 71369

**Operator ID: 10883**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R CARTER  
14754 OLD BONITA RD  
BASTROP, LA 71220

**Operator ID: 11597**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY J CARTER  
288 PACE ROAD  
WEST MONROE, LA 71291

**Operator ID: 2848**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WOODROW W CARTER  
106 MABLE STREET  
WELSH, LA 70591

**Operator ID: 5300**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD L CARTER  
14244 BEAGLE BEND RD  
TICKFAW, LA 70466

**Operator ID: 815**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL J CARTER  
30048 HWY 36  
LACOMBE, LA 70445

**Operator ID: 824**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARCHIE J CARTER, JR  
6307 GENERAL MEYER AVENUE  
NEW ORLEANS, LA 70131

**Operator ID: 825**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND A CARTER  
3500 HOUSTON RIVER RD  
WESTLAKE, LA 70669

**Operator ID: 9477**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OTIS CARTER  
60441 MONROE CREEK ROAD  
ANGIE, LA 70426

**Operator ID: 9836**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEY G CARTINEZ  
295 TOM CORDOVA ROAD  
ZWOLLE, LA 71486-3070

**Operator ID: 6797**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY J CARVER  
103 CORNISH PLACE  
YOUNGSVILLE, LA 70592

**Operator ID: 829**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT E CASANOVA, JR  
PO BOX 771003  
NEW ORLEANS, LA 70177

**Operator ID: 6701**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L CASE  
210 E. HAMILTON ST  
ST. MARTINVILLE, LA 70582

**Operator ID: 25678**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PEGGY H CASH  
1210 TEXAS ST  
SULPHUR, LA 70663

**Operator ID: 21966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY J CASTEGLIA, IV  
1910 ANDRES STREET  
CHALMETTE, LA 70043

**Operator ID: 836**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY L CASTILOW  
3525 LANNON STREET  
SHREVEPORT, LA 71118-4212

**Operator ID: 11348**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUGH A CASTLEBERRY  
3320 BARATARIA BLVD  
MARRERO, LA 70072

**Operator ID: 36227**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**OP-IN-TRAINING - WP**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REED A CASTON, JR  
2225 DEERLICK LN  
HARVEY, LA 70058

**Operator ID: 25486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD W CASWELL  
PO BOX 177 HWY 789  
KEATCHIE, LA 71046

**Operator ID: 4936**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A CATALANOTTO  
10010 ASHEVILLE DRIVE  
DENHAM SPRINGS, LA 70706

**Operator ID: 7651**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GORDON R CAUGHMAN  
#1 HILLCREST CR  
HAUGHTON, LA 71037

**Operator ID: 8913**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH E CAUSEY  
3737 PIPER ROAD  
SLAUGHTER, LA 70777

**Operator ID: 11918**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON W CAUSEY  
13675 COURSEY BLVD  
APT 911  
BATON ROUGE, LA 70817

**Operator ID: 34926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARVEY Q CAUSEY  
PO BOX 415  
HODGE, LA 71247

**Operator ID: 5376**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN M CEDARS  
58 HWY 461  
HINESTON, LA 71438

**Operator ID: 6161**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PRESTON J CELESTINE, JR  
P.O. BOX 28  
YOUNGSVILLE, LA 70592

**Operator ID: 28526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND CERF, JR  
6523 GARLAND AVE  
BAKER, LA 70714

**Operator ID: 24889**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARSHALL L CHADWICK  
70010 5TH STREET  
COVINGTON, LA 70433

**Operator ID: 10920**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E CHALMERS  
101 JACKSON CT  
VIDALIA, LA 71373

**Operator ID: 5068**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY T CHAMBERS  
722 HORTON ST  
MINDEN, LA 71055

**Operator ID: 2865**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LASHAUNA G CHAMBERS  
9205 BLUE SPRUCE DRIVE  
SHREVEPORT, LA 71118

**Operator ID: 6798**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD P CHAMBERS  
9332 WILLOW CREEK DRIVE  
GREENWELL SPRINGS, LA 70739

**Operator ID: 867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARUE M CHAMPAGNE  
P.O. BOX 426  
DES ALLEMANDS, LA 70030

**Operator ID: 14827**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDRE A CHAMPAGNE  
1132 RUTH BRIDGE HWY  
BREAUX BRIDGE, LA 70517

**Operator ID: 36507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A CHAMPAGNE  
119 BAYOU ESTATES  
DES ALLEMANDS, LA 70030

**Operator ID: 7198**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY P CHAMPAGNE  
WASTE STREAM SERVICES INC  
POST OFFICE BOX 107  
HOUMA, LA 70361

**Operator ID: 7340**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NOLAN J CHAMPAGNE  
1003 WENDY DR  
ST MARTINVILLE, LA 70582

**Operator ID: 871**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS CHAMPAGNE  
1420 MIRES ROAD  
MT. JULIET, TN 37122

**Operator ID: 872**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A CHAMPAGNE  
P O BOX 3564  
PARADIS, LA 70080

**Operator ID: 873**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSTY J CHAMPAGNE  
257 ANNA STREET  
AMA, LA 70031

**Operator ID: 879**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY L CHANDLER  
PO BOX 948  
SULPHUR, LA 70664-0948

**Operator ID: 16649**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY W CHANDLER  
3088 GRAY'S CREEK ROAD  
DRY PRONG, LA 71423

**Operator ID: 882**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL H CHAPMAN  
PO BOX 19013  
LAKE CHARLES, LA 70616

**Operator ID: 25680**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH M CHARLES  
1012 WISDOM ROAD  
OPELOUSAS, LA 70570

**Operator ID: 5857**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALLACE CHARLES, JR  
POST OFFICE BOX 30  
IOWA, LA 70647

**Operator ID: 7199**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROYSTON P CHARRIER  
376 TYLER CEMETERY RD  
CENTER POINT, LA 71323

**Operator ID: 6037**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY CHASE  
P.O. BOX 883  
109 TAYLOR  
NEWELLTON, LA 71357

**Operator ID: 7200**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDDIE W CHATELLIER  
19231 NULL ROAD  
LORANGER, LA 70446

**Operator ID: 10794**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TYRELL CHATMAN  
324 WILKER NEAL AVENUE  
JEFFERSON, LA 70123

**Operator ID: 897**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL D CHAUFFE  
P.O. BOX 98  
GROSSE TETE, LA 70740

**Operator ID: 6267**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM B CHAUMONT  
PO BOX 1244  
OBERLIN, LA 70655

**Operator ID: 5204**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEGG CHAUMONT  
121 GUIDRY ROAD  
OBERLIN, LA 70655

**Operator ID: 8235**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL D CHAUVIN  
708 SOPHIA  
RIVER RIDGE, LA 70123

**Operator ID: 5591**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN P CHAUVIN  
P.O. BOX 516  
LYDIA, LA 70569

**Operator ID: 7123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EMERY R CHAUVIN  
520 PAYTON DRIVE  
SCHRIEVER, LA 70395

**Operator ID: 7830**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARY M CHEEK  
PO BOX 238  
3299 DAK ST  
WISNER, LA 71378-0238

**Operator ID: 906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOE CHELETTE  
PO BOX310  
COLFAX, LA 71417

**Operator ID: 907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM L CHELLETTE  
315 NEAL ST  
RUSTON, LA 71270

**Operator ID: 7411**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS S CHEN  
1716 POINTER CT  
BATON ROUGE, LA 70808

**Operator ID: 8435**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICE CHENEVERT  
1607 COTTON PATCH RD  
BUNKIE, LA 71322

**Operator ID: 18526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY A CHENIER  
22788 NORTH OAK STREET  
VACHERIE, LA 70090

**Operator ID: 7202**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD M CHERAMIE  
351 ADAMS STREET  
RACELAND, LA 70394

**Operator ID: 28326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK A CHERAMIE, SR  
PO BOX 536  
HAMMOND, LA 70404

**Operator ID: 5008**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP J CHERAMIE  
PO BOX 107  
HOUMA, LA 70361

**Operator ID: 7003**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MAIRTINE CHERRY  
101 SUGARHILL ROAD  
RAYVILLE, LA 71269

**Operator ID: 24346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM D CHERRY  
17582 UNITED GAS RD #1  
RODESSA, LA 71069

**Operator ID: 912**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNIE P CHEVIS  
P.O. BOX 157  
LABADIEVILLE, LA 70372

**Operator ID: 30368**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRANT M CHIASSON  
508 PELICAN DRIVE  
RACELAND, LA 70394

**Operator ID: 11451**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW B CHIASSON  
1021 KAREN COURT  
MORGAN CITY, LA 70380-4477

**Operator ID: 12569**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER T CHIASSON  
2108 PINE STREET  
HARVEY, LA 70058

**Operator ID: 13507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE J CHIASSON  
30230 PHILIP SMITH RD  
LACOMBE, LA 70445

**Operator ID: 16346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS M CHIASSON  
102 SUNSHINE DRIVE  
DES ALLEMANS, LA 70030

**Operator ID: 35226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN P CHIASSON  
123 LEDET DRIVE  
THIBODAUX, LA 70301

**Operator ID: 36767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KLEBERT J CHIASSON  
510 NORTH CEDAR STREET  
LOCKPORT, LA 70374

**Operator ID: 4973**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN H CHIASSON  
30230 PHILIP SMITH ROAD  
LACOMBE, LA 70445

**Operator ID: 5974**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W CHIASSON  
POST OFFICE BOX 701  
PEARL RIVER, LA 70542

**Operator ID: 9673**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK CHILTON  
12394 JOHN LAMBERT ROAD  
GONZALES, LA 70737

**Operator ID: 10373**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GENE H CHISUM, II  
703 COUNTRY CLUB RD  
GEORGETOWN, TX 78628-3635

**Operator ID: 14506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERRY D CHOAT  
P O BOX 482  
BLANCHARD, LA 71009

**Operator ID: 15126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARLENE L CHOATE  
25122 WEST LA HWY 82  
KAPLAN, LA 70548

**Operator ID: 6195**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK A CHOLLEY  
156 EAST LEE STREET  
SULPHUR, LA 70663

**Operator ID: 922**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE K CHREENE  
POST OFFICE BOX 252  
HALL SUMMIT, LA 71034

**Operator ID: 5338**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIKE A CHREENE  
100 WOODHAVEN DRIVE  
MINDEN, LA 71055

**Operator ID: 7203**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R CHRISTENSEN, JR  
91 MARTY LN  
PERKENSTON, MS 39573

**Operator ID: 5481**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAULINE CITIZEN  
2428 SALMON ST  
LAKE CHARLES, LA 70605

**Operator ID: 25206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY G CLAIBORNE  
POST OFFICE BOX 58741  
NEW ORLEANS, LA 70158

**Operator ID: 6200**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEY W CLARIUS  
1703 SUSEK DRIE  
PINEVILLE, LA 71360

**Operator ID: 35946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD A CLARK  
7594 HIGHWAY 75  
GEISMAR, LA 70734

**Operator ID: 10427**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R CLARK  
7566 HWY 175  
FRIERSON, LA 71027

**Operator ID: 26346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D CLARK  
P.O. BOX 1671  
ROSEPIN, LA 70659

**Operator ID: 31126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J CLARK  
17610 MESA VERDIE LANE  
IOWA, LA 70647

**Operator ID: 36749**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY W CLARK  
PO BOX 538  
PONCHATOULA, LA 70454

**Operator ID: 5855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R CLARK  
39245 LA HWY 16  
DENHAM SPRINGS, LA 70726

**Operator ID: 6010**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH CLARK, JR  
7021 MORRISON ROAD  
NEW ORLEANS, LA 70126

**Operator ID: 6070**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES B CLARK  
37796 HWY 16  
DENHAM SPRINGS, LA 70726

**Operator ID: 6431**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY J CLARK  
235 RACETRACK LANE  
RAYNE, LA 70578

**Operator ID: 6628**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS E CLARK  
1431 HARMON LOOP  
HOMER, LA 71040

**Operator ID: 937**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN G CLARK  
2126 GEORGIA ST  
JEANERETTE, LA 70544

**Operator ID: 940**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REX F CLARK  
POST OFFICE BOX 933  
411 2ND ST  
LOGANSPOUT, LA 71049-0933

**Operator ID: 942**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY D CLAUDE  
2908 WASHINGTON AVE  
SLIDELL, LA 70458

**Operator ID: 18486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY J CLAY, SR  
309 ODILE STREET  
LAFAYETTE, LA 70501

**Operator ID: 28546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDERSON CLAY, JR  
1019 ORANGE GROVE AVE  
NEW IBERIA, LA 70560

**Operator ID: 34046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY CLAY  
42479 ALEX LANE  
PONCHATOULA, LA 70454

**Operator ID: 6432**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH L CLAY, JR  
#1 BERNICE DR  
LULING, LA 70070

**Operator ID: 948**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID P CLEMENT  
989 HWY. 401  
NAPOLEONVILLE, LA 70390

**Operator ID: 28329**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN D CLEMENTS  
16183 CLEMENT RD  
INDEPENDENCE, LA 70443

**Operator ID: 11233**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHANIEL W CLEMENTS  
20056 SISTERS RD  
PONCHATOULA, LA 70454

**Operator ID: 13508**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM L CLENDENEN  
148 HEATHER LANE  
RUSTON, LA 71270-5167

**Operator ID: 7826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN R CLINE  
14110 CHENAL RD  
JARREAU, LA 70749

**Operator ID: 954**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY R CLINTON  
3565 WALKER FERRY ROAD  
POLLOCK, LA 71467

**Operator ID: 955**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANKIE D CLOMAN  
734 HYDE PARK PLACE  
SHREVEPORT, LA 71108

**Operator ID: 11336**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILFRED CLOPHUS, JR  
3121 HODGES ST  
LAKE CHARLES, LA 70601

**Operator ID: 36468**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELLY W CLOUD  
PO BOX 28  
HACKBERRY, LA 70645

**Operator ID: 6014**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACKIE P COATS  
11993 HWY 33  
CHOUDRANT, LA 71227

**Operator ID: 12121**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTTIE R COATS  
2187 HWY 151  
FARMERVILLE, LA 71241

**Operator ID: 12122**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY A COATS  
840 POLEMAN RD  
SHREVEPORT, LA 71107

**Operator ID: 6104**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD L COBB  
5372 JAMES CLARK DR  
SULPHUR, LA 70665

**Operator ID: 12090**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE B COBB  
749 SOUTH PRINCETON DRIVE  
MANSFIELD, LA 71052

**Operator ID: 37188**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN W COBB  
10521 JERSEY GOLD RD  
KEITHVILLE, LA 71047

**Operator ID: 960**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACKSON L COBB  
POST OFFICE BOX 243  
GRAND CANE, LA 71032

**Operator ID: 962**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REGINALD F COBURN  
244 PINE CIR  
DOYLINE, LA 71023

**Operator ID: 963**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY D COBURN  
POST OFFICE BOX 220  
PALMETTO, LA 71358

**Operator ID: 964**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER L COCKERHAM  
POST OFFICE BOX 2915  
JENA, LA 71342

**Operator ID: 11661**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN L COCKRAN  
37403 LYNN DR  
PEARL RIVER, LA 70452

**Operator ID: 33306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY A COCRAN  
303 PELICAN CRT  
SLIDELL, LA 70461

**Operator ID: 6128**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID C CODY  
16101 ALPHONSE FORBES RD  
GREENWELL SPRING, LA 70739

**Operator ID: 2867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD COFFEY  
3312 JUDY DR  
MERAUX, LA 70075

**Operator ID: 970**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENDALL R COKER  
175 KENNETH AVE  
LEESVILLE, LA 71446

**Operator ID: 12306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC G COLBERT  
1108 BAUEKER STREET  
DEQUINCY, LA 70633

**Operator ID: 14128**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC P COLE  
433 ROBERT SONNIER LANE  
OBERLIN, LA 70655

**Operator ID: 16646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON L COLE  
112 SOUTH PARK DR  
MONROE, LA 71202

**Operator ID: 24266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN D COLE  
624 COLE RD  
KINDER, LA 70648

**Operator ID: 32286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT G COLE  
POST OFFICE BOX 456  
BETHANY, LA 71007

**Operator ID: 8916**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHELBY W COLEMAN  
108 STEPHEN DR  
WEST MONROE, LA 71292

**Operator ID: 11235**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMIE D COLLEY  
14813 HWY 5  
LOGANSPOUT, LA 71049

**Operator ID: 34066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EWING L COLLIER  
POST OFFICE BOX 343  
GRAMBLING, LA 71245

**Operator ID: 11985**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARION N COLLIER  
453 HWY 610  
DELHI, LA 71230

**Operator ID: 5997**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARNELL COLLIER  
5163 FOREST PARK LANE  
NEW ORLEANS, LA 70131

**Operator ID: 8249**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP COLLIER  
6009 CANDLEWOOD LANE  
SHREVEPORT, LA 71119

**Operator ID: 979**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD E COLLINS  
POST OFFICE BOX 184  
30247 HWY 435  
TALISHEEK, LA 70464

**Operator ID: 12966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CORTEZ M COLLINS  
249 BROOKBRIAR DR  
SHREVEPORT, LA 71107

**Operator ID: 26366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADRIAN D COLLINS  
2976 EVANGELINE STREET  
BATON ROUGE, LA 70805

**Operator ID: 28406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ISAAC COLLINS, III  
P O BOX 48  
RESERVE, LA 70084

**Operator ID: 32089**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KANTRELL P COLLINS  
2905 WILLIAMS BURG DR  
LAPLACE, LA 70068

**Operator ID: 37084**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL T COLLINS  
P.O. BOX 249  
CENTERVILLE, LA 70522

**Operator ID: 5876**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAZEL E COLLINS  
71 SHEARWATER DR  
LAPLACE, LA 70068-6451

**Operator ID: 6928**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY D COLLINS  
59310 RAGUSA RD  
PLAQUEMINE, LA 70764

**Operator ID: 8833**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DIANNE COLLINS  
2744 ST ANN STREET  
NEW ORLEANS, LA 70119

**Operator ID: 980**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FELTON COLLINS, JR  
1412 VANARPEL DRIVE  
LAPLACE, LA 70068

**Operator ID: 982**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY R COLOMBO, JR  
2725 HWY 39  
BRAITHWAITE, LA 70040

**Operator ID: 991**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARON L COLQUETTE  
11093 HWY. 585  
OAK GROVE, LA 71263

**Operator ID: 32387**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEAN B COLSON  
194 SANDRA ST  
NATCHITOCHES, LA 71457

**Operator ID: 18528**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAN R COMARDELLE  
301 FIRST STREET  
DES ALLEMANS, LA 70030

**Operator ID: 11326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE M COMARDELLE  
169 FOLSE ROAD  
DES ALLEMANS, LA 70030

**Operator ID: 18546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROSCOE COMARDELLE  
200 MALONEY RD  
DES ALLEMANS, LA 70030

**Operator ID: 23188**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY M COMPTON  
117 BROWNELL ST  
MORGAN CITY, LA 70980

**Operator ID: 36158**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT L CONERLY  
13454 CJ VILLAR ROAD  
GONZALES, LA 70737

**Operator ID: 12987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARVEY M CONERLY  
25092 OLD COLUMBIA ROAD  
FRANKLINTON, LA 70438

**Operator ID: 8230**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CASEY L CONLAY  
10535 JERSEY GOLD ROAD  
KEITHVILLE, LA 71047

**Operator ID: 6800**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD N CONLAY  
163 PRIVATE DR  
CAMPTI, LA 71411

**Operator ID: 7985**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAN K CONN, JR  
318 HUNT PLANT ROAD  
BERNICE, LA 71222

**Operator ID: 7414**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCUS A CONNELLA  
378 WALNUT HILL ROAD  
LEESVILLE, LA 71446

**Operator ID: 11017**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WESLEY CONNER, JR  
2915 FITZENREITER RD  
LAKE CHARLES, LA 70615

**Operator ID: 27266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN N CONNER  
5309 OLD JEANERETTE RD  
NEW IBERIA, LA 70563

**Operator ID: 4970**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY A COOK  
PO BOX 116  
TALISHEEK, LA 70464

**Operator ID: 1016**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J COOK  
2526 20TH STREET  
LAKE CHARLES, LA 70601

**Operator ID: 1019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERRY L COOK  
PO BOX 189  
ADDIS, LA 70710

**Operator ID: 8142**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SARAH L COOLEY  
9239 HWY 8  
LEESVILLE, LA 71446

**Operator ID: 11236**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AMY B COOPER  
1419 IBERIA ST  
NEW IBERIA, LA 70560

**Operator ID: 27773**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCUS W COOPER  
1033 SHIRLEY LN  
BOSSIER, LA 71111

**Operator ID: 29628**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE J COOPER  
318 GUILLOT LEMOINE ROAD  
MARKSVILLE, LA 71351

**Operator ID: 5919**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS R COOPER  
39668 OAKWOOD ESTATE  
PONCHATOULA, LA 70454

**Operator ID: 7463**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E COOPER  
723 ST CHARLES ST  
BOSSIER CITY, LA 71171

**Operator ID: 8160**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS B COPLIN  
40302 HAPPYWOODS ROAD  
HAMMOND, LA 70403

**Operator ID: 36537**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUGH CORBAN  
PO BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 1030**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY E CORCORAN  
POST OFFICE BOX 173  
SLAUGHTER, LA 70777

**Operator ID: 1033**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY D CORDOVA  
1228 CHARLIE JONES RD  
GRAND CANE, LA 71032

**Operator ID: 1034**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WANDA J CORDOVA  
1228 CHARLIE JONES RD  
GRAND CANE, LA 71032

**Operator ID: 1035**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENIS G COREIL  
3576 MEADOWLAND COURT  
ZACHARY, LA 70791

**Operator ID: 32626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN L CORKERN  
29853 RED OAK RD  
LIVINGSTON, LA 70754

**Operator ID: 1038**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN M CORKERN, SR  
110 RIVER RD. APT B  
DENHAM SPRINGS, LA 70726

**Operator ID: 31566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH L CORKERN  
11222 SUNCREST CT.  
BATON ROUGE, LA 70818

**Operator ID: 9679**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER L CORLEY  
375 MILLCREEK ROAD  
SALINE, LA 71070

**Operator ID: 12312**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY R CORLEY  
1590 HOMER ST  
POLLOCK, LA 71467

**Operator ID: 5464**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL E CORMANE  
911 HWY 494  
NATCHITOCHES, LA 71457

**Operator ID: 1040**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATHY G CORMIER  
POST OFFICE BOX 196  
ROANOKE, LA 70581

**Operator ID: 10209**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSCIN B CORMIER  
145 JOLI ST  
CARENCRO, LA 70520

**Operator ID: 1043**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL CORMIER  
700 HIGHWAY 35  
CHURCHPOINT, LA 70525

**Operator ID: 28332**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN K CORMIER  
P O BOX 204  
EGAN, LA 70531

**Operator ID: 7097**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE D CORNIN  
PO BOX182  
POINT A LA HACHE, LA 70082

**Operator ID: 11617**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES L CORTEZ  
PO BOX 1234  
PATTERSON, LA 70392

**Operator ID: 1054**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAY A CORTEZ  
708 JEFFERSON ST  
THIBODEAUX, LA 70301

**Operator ID: 1055**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN J CORTEZ, JR  
168 CARLON DRIVE  
DES ALLEMANDS, LA 70030

**Operator ID: 1057**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MONTY L CORTEZ  
P.O. BOX 18  
GORUM, LA 71434

**Operator ID: 16906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAIT P CORTEZ  
2401 HWY 654  
GHEENS, LA 70355

**Operator ID: 25208**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD J CORTEZ  
P O BOX 2465  
OPELOUSAS, LA 70570

**Operator ID: 34326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY COTTEN  
1054 NEWMAN ST  
SICILY ISLAND, LA 71368

**Operator ID: 1061**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL E COTTON  
PO BOX 573  
COUSHATTA, LA 71019

**Operator ID: 6951**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS L COTTON  
3201 E SIMCOE ST  
LAFAYETTE, LA 70501

**Operator ID: 9984**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD W COUCH  
8447 HWY 165  
POLLOCK, LA 71467

**Operator ID: 15166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

M S COUCH  
2500 CASSIE LANE  
LAKE CHARLES, LA 70605

**Operator ID: 7987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY F COURSON  
12487 WALLACE ROAD  
BASTROP, LA 71220

**Operator ID: 1065**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID COURTNEY  
12329 TROOPER MCGREW ROAD  
BASTROP, LA 71220

**Operator ID: 1067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMMY J COURVILLE  
1074 SOSTHEN GUILBEAU ROA  
BREAUX BRIDGE, LA 70517

**Operator ID: 8562**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK T COVINGTON  
9389 HIGHLAND OAKS AVE  
ZACHARY, LA 70791

**Operator ID: 25209**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MALCOLM E COWDIN  
3812 BLOCK DR #157  
IRVING, TX 75038

**Operator ID: 1071**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY L COX  
POST OFFICE BOX 293  
NEW LLANO, LA 71461

**Operator ID: 1072**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY C COX  
485 BOBBY COX RD  
DOWNSVILLE, LA 71234

**Operator ID: 10720**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN L COX  
3412 SHREVEPORT HWY  
PINEVILLE, LA 71360

**Operator ID: 1076**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK A COX  
116 EAST 13TH STREET  
EDGARD, LA 70049

**Operator ID: 12010**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL D COX  
PO BOX 1153  
DEQUINCY, LA 70633

**Operator ID: 22646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON COX  
115 WHITE LOOP ROAD  
PINEVILLE, LA 71360

**Operator ID: 25683**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A COX  
712 BOZO RD  
BELL CITY, LA 70630

**Operator ID: 7822**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY R CRAIG  
681 PARKER RD  
HAUGHTON, LA 71037

**Operator ID: 16927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACKIE S CRANFORD  
3407 HICKORY RIDGE  
SHREVEPORT, LA 71108

**Operator ID: 12218**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VALERIE V CRAPPELL  
437 LEO STREET  
PATTERSON, LA 70392

**Operator ID: 25684**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID L CRAUN  
9215 HWY 165 SOUTH  
WOODWORTH, LA 71485

**Operator ID: 8564**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALAN W CRAWFORD  
576 TRAILS END RD  
ARCADIA, LA 71001

**Operator ID: 10721**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTIN F CRAWFORD, SR  
2321 W CHRISTIE ST  
ST BERNARD, LA 70085

**Operator ID: 2844**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY J CRAWFORD  
226 MUDGE RD  
BOYCE, LA 71409

**Operator ID: 7047**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM C CREARY  
209 FLAGG DRIVE  
HAUGHTON, LA 71037

**Operator ID: 28294**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK CREDEUR, JR  
400 TRAPPEY ROAD  
CARENCRO, LA 70520

**Operator ID: 4976**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARROLL L CREDEUR  
1011 CARVER ST  
RAYNE, LA 70578

**Operator ID: 8086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY L CREDEUR  
12401 FOLKLAND RD  
WELSH, LA 70591

**Operator ID: 8087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNY E CREEL  
8075 HWY 126  
OLLA, LA 71465

**Operator ID: 7567**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE N CRIDER  
POST OFFICE BOX 623  
DRY CREEK, LA 70637

**Operator ID: 10212**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY W CRIPPLE  
34253 MAGNOLIA WOOD DRIVE  
DENHAM SPRINGS, LA 70706

**Operator ID: 1092**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE A CRIPPLE  
24594 ROLLING MEADOW  
DENHAM SPRINGS, LA 70726

**Operator ID: 29067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS L CROTTY, III  
32044 LONGVIEW ST  
PAULINA, LA 70763

**Operator ID: 13089**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TINA A CROWELL  
121 SANDERS ST  
PINEVILLE, LA 71360

**Operator ID: 27286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILBUR T CROWSON  
3524 CONNETICUT AVE  
KENNER, LA 70065

**Operator ID: 7465**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERLIN CRYER  
3325 VILLERE ST  
MANDEVILLE, LA 70448

**Operator ID: 36494**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL J CUCCIO  
145 TISON RD  
CARENCRO, LA 70520

**Operator ID: 8164**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN A CULBERTSON  
76 JOHNSON LANE  
MANY, LA 71449

**Operator ID: 16366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN F CULPEPPER, SR  
259 ROME RD  
JONESBORO, LA 71251

**Operator ID: 18549**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN F CULPEPPER, JR  
252 ROME RD  
JONESBORO, LA 71251

**Operator ID: 31146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD V CUNNINGHAM  
532 HUSEMAN LANE  
COVINGTON, LA 70435

**Operator ID: 36159**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES F CUNNINGHAM  
12317 PHEASANTWOOD DRIVE  
BAKER, LA 70714

**Operator ID: 9626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSTY P CUPSTID  
40053 BUR ST  
PONCHATOULA, LA 70454

**Operator ID: 27386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG R CURE  
400 AYCOCK STREET  
ARABI, LA 70032

**Operator ID: 32628**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDREW J CURE  
400 AYCOCK ST  
ARABI, LA 70032

**Operator ID: 6051**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEBRA J CURNEY  
128 SUGARWOOD BLVD  
HOUMA, LA 70360

**Operator ID: 1122**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARETT W CURPHY  
4314 HEARTH ST  
LAKE CHARLES, LA 70605

**Operator ID: 36500**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN D CURRAN  
1404 CELESTE ST  
VINTON, LA 70668

**Operator ID: 6315**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM I CURRIE  
117 LAKE TYLER DRIVE  
PINEVILLE, LA 71360

**Operator ID: 13206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNETTE CURRIER  
41505 RUE MAISON  
PONCHATOULA, LA 70454

**Operator ID: 9214**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIKE CURTIS  
294 DORAL LANE  
LAPLACE, LA 70068

**Operator ID: 5145**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES S CUSHING  
6727 KURTHWOOD RD  
LEESVILLE, LA 71446

**Operator ID: 31147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY O CUTRER, JR  
1331 9TH STREET  
KENTWOOD, LA 70444

**Operator ID: 11019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON S CUTRER  
2106 BRITTANY DR  
PORT ALLEN, LA 70767

**Operator ID: 1126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W CUTRER  
EXXON/MOBIL CHEMICAL PLAN  
4999 SCENIC HWY  
BATON ROUGE, LA 70826

**Operator ID: 5406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J DAIGLE  
103 BETH DR  
LAFAYETTE, LA 70507

**Operator ID: 1131**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD G DAIGLE  
1624 HWY 401  
NAPOLEONVILLE, LA 70390

**Operator ID: 1135**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MALCOLM J DAIGLE  
2083 AMIE DRIVE  
IOWA, LA 70647

**Operator ID: 12888**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J DAIGLE  
3225 BUNKER HILL ROAD  
LAKE CHARLES, LA 70611

**Operator ID: 30767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD A DALE  
764 RAINBOW DR  
SHREVEPORT, LA 71106

**Operator ID: 16946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A DALMAN  
109 GREENFIELD DRIVE  
CARENCRO, LA 70520

**Operator ID: 7343**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHILTON E DANIEL, JR  
1006 PARK AVE  
NEW IBERIA, LA 70560

**Operator ID: 11021**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEN M DANIEL, JR  
213 RUE ENUIE ST  
CARENCO, LA 70520

**Operator ID: 23906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LISIMBA K DANIELS  
P O BOX 1321  
OPELOUSAS, LA 70571

**Operator ID: 10973**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STACI D DANIELS  
905 BIRCH DR  
DERIDDER, LA 70634

**Operator ID: 13227**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRINISSA L DANIELS  
655 JACOB ALLEY  
NEW IBERIA, LA 70560

**Operator ID: 27626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BERNARD DANIELS  
10535 HWY 182 WEST  
FRANKLIN, LA 70538

**Operator ID: 6438**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD T DANTIN  
14703 EAST MAIN ST  
CUTT OFF, LA 70345

**Operator ID: 19134**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY R DANTZLER  
8738 LINKWOOD DR  
DENHAM SPRING, LA 70706

**Operator ID: 32407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD D DARBONNE  
650 N. 12TH STREET  
EUNICE, LA 70535

**Operator ID: 1147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL J DARBONNE  
2901 SAVOY ST  
BASILE, LA 70515

**Operator ID: 15186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ISAAC DARBONNE  
1487 FAIRMONT AVE  
MORGAN CITY, LA 70382

**Operator ID: 30787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN J DARBONNE, JR  
204 A ADAM LANE  
DUSON, LA 70529

**Operator ID: 6899**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY A DARBY, JR  
1735 BRIANNA DR  
NEW IBERIA, LA 70560

**Operator ID: 5551**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON P DARDEAU  
2929 VIDRINE ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 32346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVY W DARDEN  
3841 CHITIMACHA TRAIL  
JEANERETTE, LA 70544

**Operator ID: 1152**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD DARENSBURG  
2026 BODENGER BLVD  
NEW ORLEANS, LA 70114

**Operator ID: 1153**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TANNARD DARENSBURG  
2240 KILLINGTON DRIVE  
HARVEY, LA 70058

**Operator ID: 8755**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAMMY L DARRAH  
1422 GLENVIEW DRIVE  
DERIDDER, LA 70634

**Operator ID: 7219**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC D DARTEZ  
434 SID LN  
LAKE CHARLES, LA 70611

**Operator ID: 7533**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

JAMES DARTEZ  
10231 GULF HWY  
LAKE CHARLES, LA 70607

**Operator ID: 9642**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD DARVILLE, JR  
37218 ANDERSON RD  
GEISMAR, LA 70734

**Operator ID: 25211**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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Center for Environmental Health Services

**INVOICE**

RICHARD G DAUGHDRILL  
551 ATALIN STREET  
MANDEVILLE, LA 70448

**Operator ID: 1158**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS L DAUGHERTY  
POST OFFICE BOX 130  
KEATCHIE, LA 71046

**Operator ID: 1159**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RENE M DAUSSIN  
2217 MARIETTA STREET  
CHALMETTE, LA 70043

**Operator ID: 8000**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALAN J DAUTREUIL  
608 ASHTON STREET  
NEW IBERIA, LA 70563

**Operator ID: 1163**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARRELL P DAUZART  
PO BOX 777  
PLAQUEMINE, LA 70765

**Operator ID: 36387**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEY D DAUZAT  
P.O. BOX 279  
JOYCE, LA 71440

**Operator ID: 36126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY J DAUZAT  
96 GAYLE LN  
BALL, LA 71405

**Operator ID: 5977**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY DAVENPORT  
5211 BYFAUL  
BAKER, LA 70714

**Operator ID: 1166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS DAVEZAC  
2324 W GEORGE  
ZACHARY, LA 70791

**Operator ID: 1169**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R DAVID  
1226 KINGS VIEW CIR  
JACKSON, LA 70749

**Operator ID: 11786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R DAVID, JR  
4302 MANDA RD  
TORBERT, LA 70762

**Operator ID: 12110**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY W DAVID  
4498 HWY 1  
NAPOLEONVILLE, LA 70390

**Operator ID: 14129**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS S DAVID  
10642 HOLLY HOCK DR  
GREENWELL SPRINGS, LA 70739

**Operator ID: 19846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHIE L DAVID  
P.O. BOX 102  
LIVONIA, LA 70755

**Operator ID: 34746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TED L DAVIDSON  
322 PRAIRIE ROAD  
MONROE, LA 71202

**Operator ID: 1174**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON D DAVIS  
P O BOX 817  
ROBERT, LA 70455

**Operator ID: 10547**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J DAVIS  
112 MARILYN DR  
SLIDELL, LA 70461

**Operator ID: 11024**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILL H DAVIS  
1511 SOUTH 7TH STREET  
MONROE, LA 71202

**Operator ID: 11494**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEY H DAVIS  
7499 MINETTE LN  
BATON ROUGE, LA 70818

**Operator ID: 11668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS M DAVIS  
5562 PINE HILL ROAD  
SHREVEPORT, LA 71107

**Operator ID: 1176**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERBERT L DAVIS  
2918 ST PETER ST  
NEW ORLEANS, LA 70119

**Operator ID: 1184**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUBETTA J DAVIS  
58615 CAPTAIN TT HARRIS  
PLAQUEMINE, LA 70764

**Operator ID: 1191**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN DAVIS, JR  
324 EVANGELINE STREET  
NEW IBERIA, LA 70560

**Operator ID: 1196**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEVOYAL W DAVIS  
18141 JUDY DR  
PRAIRIEVILLE, LA 70769

**Operator ID: 14146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS E DAVIS  
P.O. BOX 335  
NEW ROADS, LA 70760

**Operator ID: 15226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMISON L DAVIS  
3900 ROY RD APT 14  
SHREVEPORT, LA 71107-9688

**Operator ID: 16966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY G DAVIS  
4920 CAMPJOY RD  
HAUGHTON, LA 71037

**Operator ID: 25707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEREK A DAVIS  
264 ORANGE ST  
DEQUINCY, LA 70633

**Operator ID: 27567**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J DAVIS  
114 RIVERVIEW DR  
PATTERSON, LA 70392

**Operator ID: 28359**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN J DAVIS  
321 STEWART AVE  
WEST MONROE, LA 71292

**Operator ID: 28446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY A DAVIS, JR  
615 WEST B STREET  
NORCO, LA 70079

**Operator ID: 35147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD B DAVIS  
327 LINDEY LANE  
JONESBORO, LA 71251-0610

**Operator ID: 5159**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAVE M DAVIS, SR  
PO BOX 220  
NATCHEZ, LA 71456

**Operator ID: 5498**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND W DAVIS  
2728 W JORDAN STREET  
SHREVEPORT, LA 71103

**Operator ID: 6112**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

CHRISTOPHER D DAVIS  
801 STILL COURT  
MADISONVILLE, LA 70447

**Operator ID: 6442**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A DAVIS  
8900 ACACIA LN  
SHREVEPORT, LA 71118

**Operator ID: 6807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EARL DAVIS  
271 MARKET ST  
RACELAND, LA 70374

**Operator ID: 7631**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J DAVIS  
3300 WALL BLVD APT 18C  
GRETN, LA 70056

**Operator ID: 8250**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY W DAVIS, SR  
261 EASY STREET  
FRANKLIN, LA 70538

**Operator ID: 8570**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARIE G DAVIS  
2588 N PERKINS FERRY RD  
APT 4  
LAKE CHARLES, LA 70611

**Operator ID: 9195**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN F DAWSEY  
30141 BONNIE STREET  
ANGIE, LA 70426

**Operator ID: 6444**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY J DAWSON  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

**Operator ID: 9593**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL S DAY  
351 WOODARD DRIVE  
MINDEN, LA 71055

**Operator ID: 7224**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD W DAYTON  
4113 WOODWAY DRIVE  
MONROE, LA 71201

**Operator ID: 1202**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS L DEAN  
592 CURTIS DEAN ROAD  
DOWNSVILLE, LA 71234

**Operator ID: 10568**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRICK L DEAN  
2213 18TH ST  
LAKE CHARLES, LA 70601

**Operator ID: 11945**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RACHEL G DEAN  
5420 HWY 549  
FARMERVILLE, LA 71241

**Operator ID: 37156**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS DEASON  
1511 HWY 114  
HESSMER, LA 71341

**Operator ID: 9781**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHADWICK J DEBETAZ  
1680 O'NEAL LANE  
APT 264  
BATON ROUGE, LA 70816

**Operator ID: 10924**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY B DEBLIEUX  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 11598**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES D DECELLE  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 11844**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALTON R DECUIR  
113 HAYDITE AVENUE  
LAFAYETTE, LA 70507

**Operator ID: 7006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOAN A DECUIR  
1181 COCOVILLE ROAD  
MANSURA, LA 71350

**Operator ID: 7870**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H DECULUS  
PO BOX 396  
OBERLIN, LA 70655

**Operator ID: 6778**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL B DEEM  
266 DEEM ROAD  
ATHENS, LA 71003

**Operator ID: 10015**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT N DEES  
4939 WOODLYN ST  
BATON ROUGE, LA 70816

**Operator ID: 1217**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES D DEFRIEND  
4527 GILBERT DR  
SHREVEPORT, LA 71106

**Operator ID: 5958**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE B DEGEYTER  
1231-A HEBERT AVENUE  
BREAUX BRIDGE, LA 70517

**Operator ID: 8772**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROXANNA L DEGGS-NUMBERS  
306 WHIPPOORWILL RD  
DERIDDER, LA 70634-7123

**Operator ID: 6238**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY J DEGUEYTER  
2670 OSCAR RIVETTE ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 1222**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JORDON M DEJEAN  
3945 HWY 306  
DES ALLEMANS, LA 70030

**Operator ID: 29667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAWN A DEJEAN, SR  
228 S DUPRE ST  
NEW ORLEANS, LA 70119

**Operator ID: 8288**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRYGUE B DELAFOSSE  
2334 9TH ST  
LAKE CHARLES, LA 70601

**Operator ID: 8002**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN P DELANEUVILLE  
244 W 8TH STREET  
RESERVE, LA 70084

**Operator ID: 1230**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BISHOP O DELANEY  
521 DEBBIE ST  
HAUGHTON, LA 71037

**Operator ID: 8170**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH W DELAPASSE  
1613 ORLEANS QUARTERS  
BRUSLY, LA 70719

**Operator ID: 28331**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD G DELATTE  
14186 TRAILS END NORTH  
PRAIRIEVILLE, LA 70769

**Operator ID: 13106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN B DELATTE  
1406 TALBOT AVE  
THIBODAU, LA 70301

**Operator ID: 37086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON D DELAUNE  
46510 LAUREL RIDGE ROAD  
ST AMANT, LA 70774

**Operator ID: 11633**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERARD S DELCAMBRE  
303 COPPERFIELD WAY  
YOUNGSVILLE, LA 70592

**Operator ID: 10501**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENT C DELCAMBRE  
316 W MAIN ST  
NEW IBERIA, LA 70560

**Operator ID: 1234**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKEY J DELCAMBRE  
1013 PEGGY ST  
NEW IBERIA, LA 70560

**Operator ID: 1235**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L DELMORE  
22185 LIBERTY ROAD  
ZACHARY, LA 70791

**Operator ID: 30026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH DELOCH  
1243 GEORGIA AVE  
PORT ALLEN, LA 70767

**Operator ID: 1237**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E DEMARS, JR  
10553 PURPLE MARTIN CT  
DENHAM SPRINGS, LA 70726

**Operator ID: 1239**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAKE M DEMPSTER  
150 ACADIAN OAKS DRIVE  
APT 5  
LULING, LA 70070

**Operator ID: 11946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE B DENMARK  
P.O. BOX 73099  
BATON ROUGE, LA 70874

**Operator ID: 29927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L DENNEY  
744 MONTROSA DRIVE  
SHREVEPORT, LA 71106

**Operator ID: 16986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN J DENNEY  
152 THEOPHILE RD  
VILLE PLATTE, LA 70586

**Operator ID: 24986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REID L DENNIS  
1216 N HAGAN  
NEW ORLEANS, LA 70119

**Operator ID: 10601**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R DENOVA  
POST OFFICE BOX 150  
BLDG 3502  
PLAQUEMINE, LA 70765-0150

**Operator ID: 11138**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE P DEROCHE  
PO BOX 762  
BOURG, LA 70343

**Operator ID: 1251**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEAN P DEROUEN  
318 W LAFAYETTE ST  
MAURICE, LA 70555

**Operator ID: 1208**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT D DEROUEN, JR  
3655 MAIN HWY  
BREAUX BRIDGE, LA 70517

**Operator ID: 1209**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J DEROUEN  
223 TUMBLE BROOK ST  
SLIDELL, LA 70461

**Operator ID: 6255**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH P DEROUEN  
5810 OLD LA 25  
NEW IBERIA, LA 70560

**Operator ID: 8133**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL DEROUSSELLE, JR  
105 TANYA STREET  
LAFAYETTE, LA 70507

**Operator ID: 1253**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AL S DEROZAN  
9231 MANDELA STREET  
NEW ROADS, LA 70760

**Operator ID: 6633**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD E DESADIER  
503 NEIL WAGONER DR  
WINNFIELD, LA 71483

**Operator ID: 27786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMIAN P DESALVO  
904 MAIN STREET  
BELLE CHASSE, LA 70037

**Operator ID: 1210**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP J DESHOTEL  
1835 S LAKE ARTHUR AVE  
LOT 24  
JENNINGS, LA 70546

**Operator ID: 11025**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUKE DESHOTELS  
1302 LAHAYE ROAD  
MAMOU, LA 70554

**Operator ID: 10214**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E DESHOTELS  
2816 B NAQUIN RD  
MAMOU, LA 70554

**Operator ID: 30806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH P DESHOTELS  
15487 HWY 182  
BUNKIE, LA 71322

**Operator ID: 5216**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL J DESSELLE  
17384 JOHN BROUSSARD RD  
PRAIRIEVILLE, LA 70769

**Operator ID: 1255**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A DETILLIER  
206 ADAMS ST  
RACELAND, LA 70394

**Operator ID: 1264**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK S DEVAL  
14325 GEMINI DR  
PRIDE, LA 70770

**Operator ID: 1265**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W DEVALL  
21550 PRIDE - BAYWOOD ROA  
CLINTON, LA 70722

**Operator ID: 7820**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY L DEVILLE  
11540 DONNA AVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 2853**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN J DEVILLIER  
115 SAN CARLOS CIRCLE  
LAFAYETTE, LA 70506

**Operator ID: 1266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANNON M DEVILLIER  
4441 CHOCTAW RD  
BRUSLY, LA 70719

**Operator ID: 6900**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALDEN M DI GIOVANNI  
2211 15TH ST  
KENNER, LA 70062

**Operator ID: 1269**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KRISTIE L DIAL  
104 BRANCH ST  
WEST MONROE, LA 71292

**Operator ID: 37077**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARCIA D DIALEKWA  
4632 UNION DR  
BATON ROUGE, LA 70814

**Operator ID: 1271**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUDLEY J DIAVILLE  
POST OFFICE BOX 1394  
EUNICE, LA 70535

**Operator ID: 8573**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT P DIAZ  
13614 ARABIE RD.  
RAYNE, LA 70578

**Operator ID: 19586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RALPH J DICKERSON, JR  
58519 CAPTAIN T T HARRIS  
PLAQUEMINE, LA 70764

**Operator ID: 10569**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRY W DICKERSON  
503 EASON PLACE  
MONROE, LA 71201

**Operator ID: 1282**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE E DICKERSON  
2621 PELICAN BAY BLVD  
MARRERO, LA 70072

**Operator ID: 30746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHERMAN DICKERSON  
325 NOTTOWAY DRIVE  
DESTRAHAN, LA 70047

**Operator ID: 6344**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY A DIEGEL  
365 BLAKEFIELD DR  
SCHRIEVER, LA 70395

**Operator ID: 28147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD W DILL  
1617 SMITHPORT LAKE RD  
MANSFIELD, LA 71052

**Operator ID: 1287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MORGAN W DILL  
1617 SMITHPORT LAKE ROAD  
MANSFIELD, LA 71052

**Operator ID: 8003**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL C DILLON  
1509 PEACH  
VIDALIA, LA 71373

**Operator ID: 28970**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK S DILMORE  
576 WALLACE RD  
STERLINGTON, LA 71280

**Operator ID: 36328**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT D DIMATTIA  
9424 GREENBRIAR DR  
BATON ROUGE, LA 70815

**Operator ID: 1292**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOMINICK DIMATTIA  
29545 LARD ROAD  
HOLDEN, LA 70744

**Operator ID: 7655**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN J DINET  
144 FOREST DRIVE  
BELLE CHASSE, LA 70037

**Operator ID: 1294**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY H DINNEL  
2218 SO. ORMOND AVE.  
GONZALES, LA 70737

**Operator ID: 27086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PETER D DISPENZA  
1135 WALLACE DEAN RD. #19  
WESTMONROE, LA 71291

**Operator ID: 1296**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOWARD J DIXON, JR  
12640 ISLAND ROAD  
ST FRANCISVILLE, LA 70775

**Operator ID: 11670**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN L DIXON  
2704 SHED RD 177L  
BOSSIER, LA 71111-5337

**Operator ID: 16987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY L DIXON  
148 RIVER POINTE DR  
LA PLACE, LA 70068

**Operator ID: 32728**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SUSAN E DIXON  
844 HIGHLAND PARK DRIVE  
BATON ROUGE, LA 70808

**Operator ID: 36850**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALEXANDER DMYTRACZENKO  
2045 N. 3RD STREET #113  
BATON ROUGE, LA 70802

**Operator ID: 11934**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VY D DO  
1037 MARVIN COURT  
HARVEY, LA 70058

**Operator ID: 10018**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUY T DO  
3080 58TH ST  
PORT ARTHUR, TX 77640

**Operator ID: 26126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH W DOCKINS  
POST OFFICE BOX 960  
CAMERON, LA 70631

**Operator ID: 6884**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE G DOHERTY  
6577 HWY 84 E  
WINNFIELD, LA 71483

**Operator ID: 6019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOZEF DOLEJSI  
907 HUMPRREY STREET  
JENNINGS, LA 70546

**Operator ID: 12586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEAN F DOMENGEAUX  
136 LOT 1 MEYER LANE  
DES ALLEMANS, LA 70030

**Operator ID: 1315**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EUGENE A DOMINGUE, JR.  
62355 BAYOU ROAD  
PLAQUEMINE, LA 70764

**Operator ID: 6446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADLEY J DOMINIQUE  
2823 HWY 306  
DES ALLEMANS, LA 70030

**Operator ID: 7466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WESLEY G DONNAUD  
295 ANNA ST  
AMA, LA 70031

**Operator ID: 36467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS J DONOVAN  
219 WEST HICKORY ST  
MANDEVILLE, LA 704713007

**Operator ID: 1324**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN N DORAN  
PO BOX 89  
REEVES, LA 70658

**Operator ID: 13406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOROTHY A DORSEY  
6252 SOUTH INWOOD ROAD  
SHREVEPORT, LA 71119

**Operator ID: 637**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRK A DOSS  
3507 HWY 167  
DUBACH, LA 71235

**Operator ID: 17546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD F DOTTS, SR  
12857 DEVALL ROAD  
BATON ROUGE, LA 70818

**Operator ID: 1330**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARGARET A DOUCET  
9353 HWY 182  
OPELOUSAS, LA 70570

**Operator ID: 2854**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PRESTON K DOUCET  
722 EAST SECOND ST  
JENNINGS, LA 70546

**Operator ID: 32731**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDOLPH G DOUCET  
2125 JAMES DR  
MARRERO, LA 70072

**Operator ID: 5018**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C DOUCET  
9557 BURNSIDE ROAD  
BUECHE, LA 70729

**Operator ID: 7126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FIRMIN J DOUCET  
534 WILSON BRIDGE ROAD  
WASHINGTON, LA 70589

**Operator ID: 8775**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDGAR V DOUGLAS  
1212 HUDSON BLVD  
ALEXANDRIA, LA 71302

**Operator ID: 1340**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON A DOW  
144 RUE ESPLANADE  
SLIDELL, LA 70461

**Operator ID: 36160**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL E DOWTY  
1918 MARYE ST  
ALEXANDRIA, LA 71301

**Operator ID: 2868**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN J DOYLE  
150 CASTOR PLUNGE ROAD  
WOODWORTH, LA 71485

**Operator ID: 8575**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN W DRENNAN  
11 RICHMOND PL  
NEW ORLEANS, LA 70115

**Operator ID: 6634**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN A DRESCHER  
18140 DIAZ RD  
PRAIRIEVILLE, LA 70769

**Operator ID: 18006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINT D DREW  
6825 HWY 474  
FLORIEN, LA 71429

**Operator ID: 25386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E DRUDGE  
5623 HWY 117  
PROBENCAL, LA 71468

**Operator ID: 7570**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERARD E DRUILHET  
22270 HIGHWAY 77  
GROSSE TETE, LA 70740

**Operator ID: 6901**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN W DRUMMER  
35 QUAIL RIDE DR  
MONROE, LA 71203

**Operator ID: 31747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON J DUBOIS  
253 DYSON ROAD  
MONTGOMERY, LA 71457

**Operator ID: 32208**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL R DUBROC  
6224 ST ANN ST  
PINEVILLE, LA 71360

**Operator ID: 5100**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS J DUCREE  
25547 WEST SYCAMORE  
LACOMBE, LA 70445

**Operator ID: 11455**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD C DUDLEY  
3233 CHURCH STREET  
JACKSON, LA 70748

**Operator ID: 1362**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS J DUFOUR  
#15 RANIER ST  
KENNER, LA 70065

**Operator ID: 1365**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MURRAY L DUFRENE  
POST OFFICE BOX 814  
BOUTTE, LA 70039

**Operator ID: 12346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EARL J DUFRENE, JR  
P O BOX 3452  
PARADIS, LA 70080

**Operator ID: 1368**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN J DUFRENE, JR  
P O BOX 1412  
PARADIS, LA 70080

**Operator ID: 1370**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WASTEWATER COLLECTION 4**  
**WASTEWATER TREATMENT 4**  
**WATER DISTRIBUTION 4**

**20.00**  
**10.00**  
**20.00**

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK P DUFRENE  
2364 HIGHWAY 1  
RACELAND, LA 70394

**Operator ID: 34786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACOB DUFRENE  
229 OAK LANE  
LULING, LA 70070

**Operator ID: 8124**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT T DUGAS  
33625 CANE MARKET ROAD  
WALKER, LA 70785

**Operator ID: 1375**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY P DUGAS, JR  
124 S ST ANTOINE ST  
LAFAYETTE, LA 70506

**Operator ID: 4940**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH W DUGAS, JR  
65635 SHELBY K DRIVE  
PLAQUEMINE, LA 70764

**Operator ID: 8884**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EARL D DUGGER  
4607 LANNY ST  
ALEXANDRIA, LA 71303

**Operator ID: 5599**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J DUHE  
408 T LEIGH DR  
HOUMA, LA 70364

**Operator ID: 1381**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS J DUHE, JR  
807 AVENUE E  
BRIDGECITY, LA 70094

**Operator ID: 1385**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUANE D DUHE  
904 AVENUE C  
WESTWEGO, LA 70094

**Operator ID: 1386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG J DUHE  
19740 RUDY LEE RD  
LIVINGSTON, LA 70754

**Operator ID: 35566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES J DUHE  
7594 HWY 75  
GEISMAR, LA 70734

**Operator ID: 6354**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALEX J DUHE  
39621 PONDEROSA ROAD  
PAULINA, LA 70763

**Operator ID: 9019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON DUHE  
478 MAPLE LOOP  
LAPLACE, LA 70068-4423

**Operator ID: 9512**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY J DUHON  
12225 TROYVILLE ROAD  
HAMMOND, LA 70403

**Operator ID: 10220**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C DUHON  
160 ERIC ROAD  
LAKE CHARLES, LA 70607

**Operator ID: 11243**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN S DUHON  
637 PERSHING HWY  
SUNSET, LA 70584

**Operator ID: 14746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BELTON J DUHON, SR  
PO BOX 610  
9373 HWY 113  
DRY CREEK, LA 70634

**Operator ID: 36327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

MARC E DUHON  
211 VILLAGE LANE  
LAFAYETTE, LA 70506

**Operator ID: 36869**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J DUHON  
416 SHATTUCK  
LAKE CHARLES, LA 70601

**Operator ID: 5245**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE J DUMAS  
2900 PEOPLES AVENUE  
NEW ORLEANS, LA 70115

**Operator ID: 10838**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BEVERLY C DUMAS  
1937 WILTON DR  
NEW ORLEANS, LA 70122

**Operator ID: 1392**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN J DUMAS, JR  
POST OFFICE BOX 344  
VACHERIE, LA 70090

**Operator ID: 8870**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS L DUNAGAN  
601 ST MAURICE LANE  
NATCHITOCHES, LA 71457

**Operator ID: 6135**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES M DUNAWAY  
294 EMMA CEMETERY RD  
COTTON VALLEY, LA 71018-2402

**Operator ID: 5680**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L DUNBAR, JR  
520 MONTGOMERY RD  
OPELOUSAS, LA 70570-0425

**Operator ID: 25711**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WENDELL DUNCAN  
12811 DRIFTWOOD DR  
BAKER, LA 70714

**Operator ID: 13547**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY L DUNCAN  
6758 BUECHE RD  
BUECHE, LA 70729

**Operator ID: 1393**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH E DUNHAM  
206 DUNHAM LN  
DELHI, LA 71232

**Operator ID: 20006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LESLIE L DUNN, JR  
333 BERMUDA RD  
NATCHITOCHES, LA 71457-2943

**Operator ID: 1400**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

DAVID P DUNN  
133 TIGER LAKE CUT OFF RD  
LECOMPTE, LA 71346

**Operator ID: 8577**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL L DUNNEHOO  
823 BEL FIRE TOWER ROAD  
REEVES, LA 70658

**Operator ID: 6455**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAWN P DUPATY  
P O BOX 178  
PLATTENVILLE, LA 70393

**Operator ID: 7322**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK J DUPLANTIS  
224 WOODBURN DR  
HOUMA, LA 70364

**Operator ID: 6966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAMMY DUPLACHIN, JR  
P O BOX 74  
BASILE, LA 70515

**Operator ID: 1404**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDREW W DUPLECHIN  
2321 DR BOBBY DESHOTEL AV  
BASILE, LA 70515

**Operator ID: 21826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD DUPLECHIN, JR  
PO BOX 1009  
KINDER, LA 70648

**Operator ID: 24987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIS W DUPLCHIN  
2313 SCHAMBERS ST  
BASILE, LA 70515

**Operator ID: 28946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEVAR D DUPLESSIS  
1937 JOSEPH DR  
POYDARS, LA 70085

**Operator ID: 11618**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL T DUPLESSIS  
4822 CERISE AVE  
NEW ORLEANS, LA 70127

**Operator ID: 20367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY D DUPLICHAN  
1916 HONEYSUCKLE CIRCLE  
SULPHUR, LA 70663

**Operator ID: 1406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TYLER J DUPONT  
302 ST. CHARLES BLVD  
LULING, LA 70070

**Operator ID: 6456**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE R DUPRAY  
POST OFFICE BOX 224  
JEANERETTE, LA 70544

**Operator ID: 1410**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

INGA S DUPRE  
479CELESTINE ST  
WEST WEGO, LA 70094

**Operator ID: 7816**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE R DUPREE  
P.O. BOX 35800  
ATTENTION: ELIZABETH SMITH  
WEST MONROE, LA 71294-5800

**Operator ID: 16746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY C DUPREE  
4332 MAXINE ST  
PORT ALLEN, LA 70767

**Operator ID: 36536**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R DUPREE  
PO BOX 321  
191 LEE STREET  
PROVENCAL, LA 71468

**Operator ID: 8007**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R DUPUY  
726 EAST NORTH PLACE  
AMITE, LA 70422

**Operator ID: 1421**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD R DUTSCH, JR  
78295 DUTSCH LANE  
COVINGTON, LA 70435

**Operator ID: 1426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN B DYER  
1159 NORTH 7TH STREET  
OAKDALE, LA 71463

**Operator ID: 33366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CYNTHIA K EAGLES  
4724 MARIBEL DRIVE  
BATON ROUGE, LA 70812

**Operator ID: 11417**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID E EAGLEY  
1115 HWY. 174  
MARTHAVILLE, LA 71450

**Operator ID: 25728**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENISE A EAGLEY  
1115 HWY 174  
MARTHAVILLE, LA 71450

**Operator ID: 25729**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GABRIEL J EAGLIN  
105 AVRON DR  
CARENCRO, LA 70520

**Operator ID: 15326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R EAGLIN  
835 PRAIRIE RONDE HWY  
OPELOUSAS, LA 70570

**Operator ID: 25730**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL EAGLIN, II  
POST OFFICE BOX 6267  
NEW ORLEANS, LA 70174

**Operator ID: 7688**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN V EARL  
PO BOX 95  
ELIZABETH, LA 70638

**Operator ID: 24988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L EARLEY  
1218 EVANGELINE CIR  
BOSSIER CITY, LA 71112

**Operator ID: 5307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE H EASTON  
1003 CATHY ST  
LAKE CHARLES, LA 70615

**Operator ID: 15346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNIE EAVE  
10645 PARKWOOD DR  
BASTROP, LA 71220

**Operator ID: 11947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARTHUR G EBEY, JR  
14550 SPRINGFIELD ROAD  
WALKER, LA 70785

**Operator ID: 8176**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDYTHE D ECHOLS  
1700 LANDRY DR  
BAKER, LA 70714

**Operator ID: 13506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RHOSUS G ECKLES  
20 G RUE CHARDONNAY  
KENNER, LA 70065

**Operator ID: 9334**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES B EDDY  
2817 RIVERBEND DR  
VIOLET, LA 70092

**Operator ID: 36154**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS C EDGAR  
1202 VINCENT ST  
VINTON, LA 70668

**Operator ID: 1445**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK EDMOND  
130 NOTTINGHAM CIRCLE  
LAFAYETTE, LA 70507

**Operator ID: 1446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PETER J EDWARDS  
398 ROUGH EDGE ROAD  
RUSTON, LA 71270

**Operator ID: 10223**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R EDWARDS  
1995 GREEN OAK ROAD  
KINDER, LA 70648

**Operator ID: 12606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES J EDWARDS  
2655 WEST MAIN  
GRAY, LA 70359

**Operator ID: 1452**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C EDWARDS  
2520 LEXINGTON DR  
LAPLACE, LA 70068

**Operator ID: 1453**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

QUARRY H EDWARDS  
734 HYDE PARK PL  
SHREVEPORT, LA 71108

**Operator ID: 17026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R EDWARDS  
3824 SHADOW BEND DR  
HAUGHTON, LA 71037

**Operator ID: 8581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIELLE EDWARDS  
2660 N NOBILE ST  
PAULINA, LA 70763-2529

**Operator ID: 9510**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIGUEL O EGUIGURE  
3749 TULANE DR  
KENNER, LA 70065

**Operator ID: 6704**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARED J EISKINA  
134 MYRTLE DRIVE  
LOCKPORT, LA 70374

**Operator ID: 34647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEON P ELAIRE  
217 MARTH ST  
LAFAYETTE, LA 70501

**Operator ID: 1460**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL D ELAIRE  
115 TENNESSEE STREET  
LAFAYETTE, LA 70501

**Operator ID: 7520**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOLLIS L ELAM  
P O BOX 114  
REEVES, LA 70658

**Operator ID: 6332**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON D ELLIOTT  
8055 PEACEFUL LANE  
SHREVEPORT, LA 71107

**Operator ID: 33886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R ELLIOTT  
200 HORN ST  
MONROE, LA 71201

**Operator ID: 33906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLEN A ELLIOTT  
PO BOX 635  
PATTERSON, LA 70392-0031

**Operator ID: 6048**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W ELLIS  
109 E MC CORMICK  
SHREVEPORT, LA 71104

**Operator ID: 10725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BLAINE ELSTROTT  
21226 SOUTH I-12 SERVICE  
PONCHATOULA, LA 70454

**Operator ID: 1470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L EMORY  
1154 CENTURY LOOP ROAD  
EROS, LA 71238

**Operator ID: 5940**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AMADO ENAMORADO  
30687 BURGESS RD  
DENHAM SPRINGS, LA 70726-1790

**Operator ID: 5760**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS H ENGELS  
2510 CHURCH ST  
ZACHARY, LA 70791

**Operator ID: 9690**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MALCOLM L ENGLISH, JR  
POST OFFICE BOX 1197  
GLENMORA, LA 71433

**Operator ID: 10816**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS D ENSINGER  
PO BOX 11  
FISHER, LA 71426

**Operator ID: 12607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID G ENTREVIA  
20305 HILLCREST RD  
BOGALUSA, LA 70427

**Operator ID: 1475**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HEATHER L ERWIN-WEST  
3387 HWY 117  
LEEVILLE, LA 71446

**Operator ID: 12608**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROSS M ESCHETTE  
516 ELIZABETH STREET  
LOCKPORT, LA 70374

**Operator ID: 34646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ESTEBAN R ESPIRITU  
3105 FABLE DR  
MERAUX, LA 70075

**Operator ID: 10726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HULON D ESTIS  
501 SYCAMORE ST  
VIDALIA, LA 71373

**Operator ID: 8585**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH B ETHEREDGE  
613 BAKER RD  
STONEWALL, LA 71078

**Operator ID: 6113**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE W ETHERIDGE  
30618 SHANNON DRIVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 32746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AUGUST J ETIENNE  
8455 KING VIEW STREET  
ST. JAMES, LA 70086

**Operator ID: 1488**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONNIE E EUBANKS  
PO BOX 1257  
WEST MONROE, LA 71294

**Operator ID: 1489**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PIERRE C EUSTIS  
2837 ETON STREET  
NEW ORLEANS, LA 70131

**Operator ID: 9339**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A EVANS  
201 STATE PARK RD  
ST JOSEPH, LA 71366

**Operator ID: 14148**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY W EVANS, III  
3035 WILLIAM TELL ST  
SLIDELL, LA 70458

**Operator ID: 1497**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY EVANS  
1929 RICHLAND AVE  
GONZALES, LA 70737

**Operator ID: 26227**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARNELL EVANS  
400 WESTSIDE BLVD APT 209  
HOUMA, LA 70364

**Operator ID: 4977**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN D EVERETT  
247 RTOSTON RD  
W. MONROE, LA 71292

**Operator ID: 9355**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R EWING  
717 EAST RUSSELL AVE  
WELSH, LA 70591

**Operator ID: 1500**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDERICK T EZELL  
POST OFFICE BOX 323  
ST JOSEPH, LA 71366

**Operator ID: 10228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN L EZELL, JR  
35256 MORAN ROAD  
PEARL RIVER, LA 70452

**Operator ID: 10685**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID B EZELL  
PO BOX 761  
WINNSBORO, LA 71295

**Operator ID: 24989**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JENNIFER A FABACHER  
345 DRIFTWOOD CIRCLE  
SLIDELL, LA 70458

**Operator ID: 11948**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD H FAGAN  
25095 HWY 42  
HOLDEN, LA 70744

**Operator ID: 13549**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT K FAIRBURN  
P O BOX 1227  
FOLSOM, LA 70437

**Operator ID: 5582**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRETT P FALCON  
8335 D1 SUMMA AVENUE  
BATON ROUGE, LA 70809

**Operator ID: 11559**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN P FALGOUST  
19665 ALBERT ROAD  
VACHERIE, LA 70090

**Operator ID: 10230**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERRY J FALGOUT  
145 CYPRESS VILLA LANE  
GHEENS, LA 70355

**Operator ID: 10949**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LIONEL P FALGOUT  
PO BOX 214  
BOURG, LA 70343

**Operator ID: 1516**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN G FANDAL  
54180 HWY 445  
LORANGER, LA 70446

**Operator ID: 21846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A FANGUY  
124 SANDALWOOD DR  
GRAY, LA 70359

**Operator ID: 1521**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE R FARLEY  
420 KIMBLETOWN ROAD  
HOMER, LA 71040

**Operator ID: 8586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARON S FARQUHAR  
4434 ARNOLD WHITE RD  
LAKE CHARLES, LA 70611

**Operator ID: 26166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINT R FARRAR  
254 EMORY RD  
CHOUDRANT, LA 71227

**Operator ID: 7418**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY P FARRELL  
62 QUEENS RD  
MANY, LA 71449

**Operator ID: 10637**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

A P FARRELL, JR  
701 LILLIAN LANE  
MANY, LA 71449

**Operator ID: 11191**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMMY P FARRIS, II  
1010 TRAHAN ST  
KAPLAN, LA 70548

**Operator ID: 9532**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM V FAST  
3698 HEURTEVANT  
SULPHUR, LA 70663

**Operator ID: 24911**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEVE A FAUCHEUX, JR  
P O BOX 2  
PAULINA, LA 70763

**Operator ID: 1531**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT J FAUCHEUX  
1163 SAINT JAMES ST  
VACHERIE, LA 70090

**Operator ID: 34848**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY J FAUL  
760 MAIN ST  
CANKTON, LA 70584

**Operator ID: 1533**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A FAUL  
4617 GRAND PRAIRIE  
RAYNE, LA 70578

**Operator ID: 3746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRIS T FAULK  
57020 PACE ROAD  
SLIDELL, LA 70461

**Operator ID: 5025**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN M FAURIE  
1814 E GENIE CT  
CHALMETTE, LA 70043

**Operator ID: 16206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN W FAUSPHOUL  
P O BOX 118  
BENTLEY, LA 71407

**Operator ID: 25731**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SALIN J FAYAD  
306 SHORT LEAF DRIVE  
HAUGHTON, LA 71037

**Operator ID: 1537**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS A FAYE  
65134 JERRY ST  
PEARL RIVER, LA 70452

**Operator ID: 9298**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK FEDD, JR  
10937 FERRY LAKE RD  
OIL CITY, LA 71061

**Operator ID: 1538**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARCHIE C FEE, JR  
268 WEST RIVER RD  
GLENMORA, LA 71433

**Operator ID: 16386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLOS L FERGUSON  
P O BOX 64  
13322 HWY 66  
WEYANOKE, LA 70787

**Operator ID: 17526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLOUS A FERGUSON, I  
105 EAST LISTER ST  
SHREVEPORT, LA 71101

**Operator ID: 26386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL I FERRY  
10135 HIGH PINES DR  
BATON ROUGE, LA 70809

**Operator ID: 19666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARY M FIELD  
12934 WOODSHIRE PLACE  
BATON ROUGE, LA 70816

**Operator ID: 10231**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN D FIELD  
12934 WOODSHIRE PLACE  
BATON ROUGE, LA 70816

**Operator ID: 10232**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY R FIELDING  
929 MCDONALD STREET  
HAYNESVILLE, LA 71038

**Operator ID: 10727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES D FIELDS  
9337 HWY. 34  
EROS, LA 71238-7109

**Operator ID: 1550**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EMILY M FIELDS  
9337 HWY. 34  
EROS, LA 71238-7109

**Operator ID: 1551**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MONTREAL J FIELDS  
3536 JACKSON AVE  
BATON ROUGE, LA 70802

**Operator ID: 26046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES B FINLAY  
2242 EE WALLACE BLVD N  
FERRIDAY, LA 71334

**Operator ID: 31008**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R FINLEY  
17 FLORIDA STREET  
VIDALIA, LA 71373

**Operator ID: 7010**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIM W FINLEY  
178 S MAIN  
HEFLIN, LA 71039

**Operator ID: 9365**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT FINNEY  
609 LITTLE FARMS AVENUE  
RIVER RIDGE, LA 70123

**Operator ID: 1558**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID B FINNEY  
609 LITTLE FARMS AVE  
RIVER RIDGE, LA 70123

**Operator ID: 35466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDREW J FIORELLA, JR  
1800 RIVER TREE COURT  
NEW ORLEANS, LA 70131

**Operator ID: 5653**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R FISHER, JR  
422 AVENUE "B"  
MARRERO, LA 70072

**Operator ID: 1561**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY R FISHER  
4211 PARIS AVE  
NEW ORLEANS, LA 70122

**Operator ID: 20386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNIE T FISHER  
P.O. BOX 1866  
WOODVILLE, MS 39669

**Operator ID: 32426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERON R FITZMORRIS  
19128 NORTH FITZMORRIS RO  
COVINGTON, LA 70435

**Operator ID: 1566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R FLATTERY  
1304 PARKWAY CIRCLE  
BOSSIER CITY, LA 71112

**Operator ID: 6127**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM T FLEMING  
PO BOX 78161  
BATON ROUGE, LA 70837-8161

**Operator ID: 1572**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFFORD FLEMING  
POST OFFICE BOX 730  
KENNER, LA 700630730

**Operator ID: 1573**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRELL A FLEMING  
42240 SHADOW CREEK AVE.  
GONZALES, LA 70737

**Operator ID: 24126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIOLET FLEMING  
909 LINDA LANE  
APT B  
LAPLACE, LA 70068

**Operator ID: 7470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS R FLEMING  
109 E. DICK HAYES RD.  
WESTLAKE, LA 70669

**Operator ID: 7813**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY D FLETCHER  
3725 HWY 921  
CLAYTON, LA 71326

**Operator ID: 1577**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY M FLETCHER  
424 NELSONVILLE RD  
CLAYTON, LA 71326

**Operator ID: 25733**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK C FLETCHER  
9475 BLOM BLVD  
SHREVEPORT, LA 71118

**Operator ID: 5559**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL W FLORENCE  
154 CHEROKEE HILL RD  
RINGGOLD, LA 71068

**Operator ID: 26907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W FLORIDA  
6880 WOODLAND DR  
ZACHARY, LA 70791

**Operator ID: 1581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DORIS L FLOURNOY-WOODS  
5907 QUAIL RIDGE DR  
SHREVEPORT, LA 71129

**Operator ID: 6952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY F FLOYD  
16068 HWY 80  
MINDEN, LA 71055

**Operator ID: 17066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL FLUHR  
1401 FOREST DR.  
MINDEN, LA 71055

**Operator ID: 10880**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TILLERY L FLYNT  
176 PATRICK ROAD  
NATCHITOCHES, LA 71457

**Operator ID: 5725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD M FOLSE  
1101 LAURA CIR  
SULPHUR, LA 70633

**Operator ID: 24990**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL R FOLSE, III  
140 MAGNOLIA ST  
RACELAND, LA 70394

**Operator ID: 37076**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY A FOLSE  
POST OFFICE BOX 206  
VACHERIE, LA 70090

**Operator ID: 8441**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER C FONTAN  
229 GEORGETOWN DR  
NEW ORLEANS, LA 70118

**Operator ID: 5651**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAIMIE D FONTENOT, JR  
32530 CLINTON ALLEN ROAD  
DENHAM SPRINGS, LA 70706

**Operator ID: 11030**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORMAN J FONTENOT  
1393 BELAIRE COVE ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 11033**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE S FONTENOT  
P O BOX 247  
KINDER, LA 71078

**Operator ID: 1594**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRELL W FONTENOT  
2900 W WILLOW  
LOT 21  
SCOTT, LA 70583

**Operator ID: 1596**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD J FONTENOT  
220 N PINECREST DR  
EUNICE, LA 70535

**Operator ID: 1597**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C FONTENOT  
209 SOUTH STAGG STREET  
VILLE PLATTE, LA 70586

**Operator ID: 1600**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER K FONTENOT  
5902 ELTON RD  
ABBEVILLE, LA 70510

**Operator ID: 1602**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY FONTENOT, JR  
143 LEDOUX LANE  
EUNICE, LA 70535

**Operator ID: 1607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROWDY J FONTENOT  
1053 TIGER POINT RD  
BASILE, LA 70515

**Operator ID: 29086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DIRCK FONTENOT  
103 HESPER DRIVE  
LAFAYETTE, LA 70520

**Operator ID: 31646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILDA R FONTENOT  
10727 KEVIN DRIVE  
KAPLAN, LA 70548

**Operator ID: 33467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH M FONTENOT  
1372 HIGHWAY 2  
OAK GROVE, LA 71263

**Operator ID: 34107**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERREL W FONTENOT  
1956 HIGHWAY 1241  
DRY PRONG, LA 71423

**Operator ID: 37707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES S FONTENOT, II  
1107 EAST ST  
MAMOU, LA 70554

**Operator ID: 6170**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W FONTENOT  
106 FERNWAY LANE  
LOT 4  
DUSON, LA 70529

**Operator ID: 9368**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY W FORBES  
17051 PRIDE BAYWOOD RD  
PRIDE, LA 70770

**Operator ID: 1609**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MADELINE R FORD  
332 MONARCH DRIVE #14  
HOUMA, LA 70364

**Operator ID: 10873**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEL A FORD  
1698 HWY 126  
JONESVILLE, LA 71343

**Operator ID: 11613**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALISON R FORD  
6220 DEANNE MARIE DRIVE  
ZACHARY, LA 70791

**Operator ID: 13127**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN R FOREMAN  
116 MEMORY LANE  
LAFAYETTE, LA 70506

**Operator ID: 10660**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST J FOREMAN  
810 EAST SOUTH ST  
OPELOUSAS, LA 70570

**Operator ID: 12626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RALPH S FOREMAN  
159 HILL TOP ROAD  
STONEWALL, LA 71078

**Operator ID: 26407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

GORDON L FOREMAN  
1179 ALL SAINTS ROAD  
PELICAN, LA 71063

**Operator ID: 6494**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LINDA B FOREMAN  
1179 ALL SAINTS ROAD  
PELICAN, LA 71063

**Operator ID: 6495**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL R FOREMAN  
214 TRAVEL PATH RD  
ROGERSVILLE, AL 35652

**Operator ID: 8144**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWIGHT A FOREST  
4916 BULLARD AVE  
NEW ORLEANS, LA 70128

**Operator ID: 1615**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TEVINCE M FOREST  
5131 BUNDY APT L-21  
NEW ORLEANS, LA 70127

**Operator ID: 35666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY FOREST  
PO BOX 1931  
LAPLACE, LA 70069

**Operator ID: 7998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY J FORET  
124 A MALL CIRCLE  
HOUMA, LA 70364

**Operator ID: 10874**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENT J FORET  
PO BOX 399  
LOCKPORT, LA 70374-3005

**Operator ID: 1617**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERRY T FORET  
1414 RICHLAND RD  
NEW ORLEANS, LA 70114

**Operator ID: 1618**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY A FORET  
224 ST MICHEL AVE  
HOUMA, LA 70363

**Operator ID: 1620**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY C FORET  
117 LANDRY LANE  
THIBODEAUX, LA 70301

**Operator ID: 2858**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER E FORSTER  
1206 AVENUE A  
WESTWEGO, LA 70094

**Operator ID: 19606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARIN W FORTENBERRY  
503 GRAND OAK DR.  
SHREVEPORT, LA 71118

**Operator ID: 1624**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAMMY L FOSTER  
337 LUKE STREET  
DES ALLEMANS, LA 70030-3205

**Operator ID: 12032**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRETT L FOSTER  
120 CRAWFISH DRIVE  
PIERRE PART, LA 70339

**Operator ID: 12627**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS R FOSTER  
53532 HWY 191  
FLOREIN, LA 71429

**Operator ID: 6317**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL H FOSTER  
226 CHESTNUT OAK DRIVE  
MANDEVILLE, LA 70448

**Operator ID: 7048**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD H FOSTER  
10323 ROGERS B  
ST AMANT, LA 70774

**Operator ID: 9692**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FERDINAND A FOTI, JR  
1007 MIMOSA LANE  
ST MARTINVILLE, LA 70582-7208

**Operator ID: 10864**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT P FOUCHI  
613 RIO VISTA AVE  
JEFFERSON, LA 70121

**Operator ID: 1632**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS G FOURNET  
11423 KING RICHARD DR  
BATON ROUGE, LA 70815

**Operator ID: 13586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIE R FOURRIER  
P.O. BOX 1210  
PORT BARRE, LA 70577

**Operator ID: 10772**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM L FOUTS  
2838 OAKMOUT  
SHREVEPORT, LA 71103

**Operator ID: 5456**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN H FOX  
17157 AIMEE DR  
PRAIRIEVILLE, LA 70769

**Operator ID: 1635**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GENE L FOX  
145 MAJESTIC OAKS  
BELLE CHASSE, LA 70037

**Operator ID: 1637**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY G FRAME  
8722 PINEHAVEN RD  
KEITHVILLE, LA 71047

**Operator ID: 17067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VERNON FRANCIS  
1109 ENGLEMEADE  
SHREVEPORT, LA 71107

**Operator ID: 1642**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASPER J FRANCIS, SR  
144 JUDY ST  
LAFAYETTE, LA 70501

**Operator ID: 1643**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERMIT W FRANCIS  
4511 CANAL ST  
APT 1  
NEW ORLEANS, LA 70119

**Operator ID: 34446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BERNARD J FRANCIS  
711 OAK ST  
DONALDSONVILLE, LA 70346

**Operator ID: 9693**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY T FRANK, JR  
6000 WEST 70TH STREET  
APT 2503  
SHREVEPORT, LA 71129

**Operator ID: 11858**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALLACE J FRANK, IV  
1901 GLENDALE DR  
APT 7  
LAPLACE, LA 70068

**Operator ID: 29526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY FRANKLIN  
POST OFFICE BOX 671  
HAHNVILLE, LA 70057

**Operator ID: 1651**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LIONEL W FRANKLIN, JR  
1800 AMERICA ST  
DONALDSONVILLE, LA 70346

**Operator ID: 23966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES D FRANKLIN  
1201 MAIN ST  
BATON ROUGE, LA 70802

**Operator ID: 31048**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WHITNEY V FRANKLIN  
12626 NORTH AVE  
ROSELAND, LA 70456

**Operator ID: 36329**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUDY FRANKLIN  
8800 SOUTH CLAIBORNE AVEN  
NEW ORLEANS, LA 70118

**Operator ID: 7690**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MAYONCE FRANKS  
1278 HWY 107  
MORROW, LA 71356

**Operator ID: 5213**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN D FRANKS  
3449 HWY 389  
MERRYVILLE, LA 70653

**Operator ID: 5992**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R FRANKS, JR  
220 D PRUITT RD  
DE QUINCY, LA 70633

**Operator ID: 6033**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS E FRASIER, JR  
2702 HWY 167  
DUBACH, LA 71235

**Operator ID: 5927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E FRASIER, JR  
1631 PEA RIDGE RD  
DUBACH, LA 71235

**Operator ID: 7419**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM J FRAZIER  
105 LOIS  
DEQUINCY, LA 70633

**Operator ID: 10661**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN L FRAZIER  
4830 HWY 174  
PLEASANT HILL, LA 71065

**Operator ID: 14150**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN I FRAZIER  
P O BOX 2522  
HAMMOND, LA 70404

**Operator ID: 1656**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARSHALL FRAZIER  
5515 BROWN RD  
MONROE, LA 71202

**Operator ID: 26747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY J FREDERICK  
6219 FREMIN RD  
NEW IBERIA, LA 70560

**Operator ID: 1658**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSIE J FREDERICK  
4300 BEAU ROAD  
MAURICE, LA 70555

**Operator ID: 26766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A FREDERICK  
71237 SHADY LAKE DRIVE  
COVINGTON, LA 70433

**Operator ID: 32486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORMAN T FREDERICK  
587 HIGHWAY 152  
DUBACH, LA 71235

**Operator ID: 8198**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY K FREE  
423 MICHIGAN  
SULPHUR, LA 70663

**Operator ID: 1660**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE D FREEMAN  
10111 HIGHWAY 33  
FARMERVILLE, LA 71241-7407

**Operator ID: 12123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADRON C FREEMAN  
104 HWY 146  
CHOUDRANT, LA 71227

**Operator ID: 7420**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROB E FREEMAN  
154 TEW LAKE ROAD  
JONESVILLE, LA 71343

**Operator ID: 8593**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND J FREMIN  
34000 BOWIE ST  
WHITE CASTLE, LA 70788

**Operator ID: 1662**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN B FRENCH  
8402 W WILDERNESS WAY  
SHREVEPORT, LA 71106

**Operator ID: 12629**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY R FRENCH  
196 WOODCLIFF CIRCLE  
PINEVILLE, LA 71360

**Operator ID: 5101**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC D FRENCH  
7605 PLUM STREET  
NEW ORLEANS, LA 70118

**Operator ID: 6990**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREG S FRESHOUR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 7575**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEONARD J FREY  
67417 CHRIS KENNEDY  
PEARL RIVER, LA 70452

**Operator ID: 1664**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLARENCE O FRIENDSHIP  
PO BOX 326  
ST GABRIEL, LA 70776

**Operator ID: 11676**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN J FROMENTHAL  
530 LEVEE ROAD  
MORGAN CITY, LA 70380

**Operator ID: 1669**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS P FROMENTHAL  
2719 4TH ST  
BERWICK, LA 70342

**Operator ID: 1670**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J FROMENTHAL  
615 GROVE STREET  
MORGAN CITY, LA 70380

**Operator ID: 6327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARL J FRUGE  
7400 HARRIS ROAD  
BELL CITY, LA 70630

**Operator ID: 1671**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE D FRUGE  
1121 EASTER MEADOW DR  
LOT #66  
LAKE CHARLES, LA 70611

**Operator ID: 7534**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW K FRY  
5344 POINT CLEAR DR  
BATON ROUGE, LA 70817

**Operator ID: 36510**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY B FRYER  
PO BOX 605  
193 JONES ST  
EPPS, LA 71237

**Operator ID: 6223**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD G FUDALLY  
115 CYPRESS CIR  
SLIDELL, LA 70458

**Operator ID: 26606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERRY A FULLER  
497 RED STRONG RD  
FRIERSON, LA 71027

**Operator ID: 1676**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHERRY D FULLER  
931 FIRETOWER RD  
SPEARSVILLE, LA 71277

**Operator ID: 21866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD D FULLER  
37211 AUDUBON PARK AVENUE  
GEISMAR, LA 70734

**Operator ID: 28926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W FUNDERBURK  
201 F MAYO STREET  
LEESVILLE, LA 71446

**Operator ID: 8849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M FUNK  
111 SOMERSET  
LAPLACE, LA 70068

**Operator ID: 9337**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD C FUSELIER  
326 FONTELIEU DR  
NEW IBERIA, LA 70560

**Operator ID: 1679**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH W FUSELIER, JR  
1615 6TH STREET  
LAKE CHARLES, LA 70615

**Operator ID: 6297**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE L FUSELIER  
2321 GABRIEL ST  
SULPHUR, LA 70663

**Operator ID: 7811**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES D FUSILIER  
10008 PETERSBURG DRIVE  
DENHAM SPRINGS, LA 70706-1526

**Operator ID: 7149**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENDA K FUSSELL  
375 HWY 3252  
ST. JOSEPH, LA 71366

**Operator ID: 11601**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD FUSSELL  
3455 BRUCE CIRCLE  
SPORT, LA 71107

**Operator ID: 17068**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD GABRIEL  
132 RANDOLPH DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 4938**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS D GALATAS  
13186 BI BI DR.  
GONZALES, LA 70737

**Operator ID: 1686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEWIS GALLOWAY  
415 W 25TH AVE  
COVINGTON, LA 70433-2519

**Operator ID: 1691**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHERRI L GALLOWAY  
8591 SANTA ROSA AVE  
BATON ROUGE, LA 70810

**Operator ID: 31709**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON A GALLOWAY  
80050 MAE FUSSELL ROAD  
COVINGTON, LA 70435

**Operator ID: 36206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANGELA M GAMBLE  
POST OFFICE BOX 924  
LOGANSPOUT, LA 71049

**Operator ID: 11034**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICHOLAS A GAMBLE  
171 L AND M CT  
APT - A  
GRAY, LA 70359

**Operator ID: 28328**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON W GANAWAY  
63150 BAYOU JACOB RD  
PLAQUAMINE, LA 70764

**Operator ID: 9612**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY G GARCIE  
9009 VILLANOVA DRIVE  
SHREVEPORT, LA 71118

**Operator ID: 4935**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY L GARIG  
VILLAGE OF NORWOOD  
3203 ASH STREET  
NORWOOD, LA 70761

**Operator ID: 5943**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DELANA S GARNER  
933 N. GOODWILL  
GOLDONNA, LA 71031

**Operator ID: 11678**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A GARNER  
195 BJ SMITH RD  
CAMPTI, LA 71411

**Operator ID: 19049**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYLON R GARNER  
38243 MICHAEL ANTHONY CT  
GONZALES, LA 70737

**Operator ID: 9696**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLARENCE GARRETT, JR  
729 BREAUX ALLEY  
NEW IBERIA, LA 70560

**Operator ID: 1705**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LINDA GARRIS  
5803 HWY143  
STERLINGTON, LA 71280

**Operator ID: 1707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A GARRIS  
5803 HWY 143  
STERLINGTON, LA 71280

**Operator ID: 1708**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRY G GARSEE  
5463 HWY 1 NORTH  
NATCHITOCHES, LA 71457

**Operator ID: 1709**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EMELIE E GARY  
912 SPANISH MISSION TRAIL  
LAKE CHARLES, LA 70605

**Operator ID: 1710**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY L GASPARD  
120 GRAND AVENUE  
LAFAYETTE, LA 70503

**Operator ID: 10502**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATHY L GASPARD  
217 TASSO LOOP  
EUNICE, LA 70535

**Operator ID: 27287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY F GASPARD  
313 GOSS ROAD  
WESTLAKE, LA 70669

**Operator ID: 28296**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J GASPARD  
9648 HWY 28 EAST  
PINEVILLE, LA 71360

**Operator ID: 8594**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E GATLIN  
4850 EUNICE DR  
NEW ORLEANS, LA 70127

**Operator ID: 11399**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL A GAUTHE  
POST OFFICE BOX 845  
NAPOLEONVILLE, LA 70390

**Operator ID: 8885**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY J GAUTHE  
POST OFFICE BOX 93  
NAPOLEONVILLE, LA 70390

**Operator ID: 9697**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CONRAD C GAUTHIER  
520 ROGERS ROAD  
LAFAYETTE, LA 70507

**Operator ID: 6318**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MURPHY K GAUTHREAUX  
1698 NURSERY RD  
P O BOX 1139  
KINDER, LA 70648

**Operator ID: 21886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUSTIN J GAUTREAU  
13439 CRAWFORD RD  
GONZALES, LA 70737

**Operator ID: 26707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN P GAUTREAU  
10470 HIGHWAY 22  
ST AMANT, LA 70774

**Operator ID: 32106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W GAUTREAUX  
148 OVIDE ROAD  
CARENCRO, LA 70508

**Operator ID: 33468**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN K GAUTREAUX  
256 NORTH LIVE OAK  
SIMMESPORT, LA 71369

**Operator ID: 34386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG A GAUTREAUX  
P O BOX 9611  
NEW IBERIA, LA 70562

**Operator ID: 5840**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE GAUTREAUX  
POST OFFICE BOX 399  
LOCKPORT, LA 70374

**Operator ID: 6969**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY A GAY  
POST OFFICE BOX 512  
ALBANY, LA 70711

**Operator ID: 1732**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND C GEARY  
2025 LAMARQUE ST.  
NEW ORLEANS, LA 70114

**Operator ID: 1734**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN M GEHLING  
8430 BEECHWOOD DRIVE  
DENHAM SPRINGS, LA 70706

**Operator ID: 32767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN J GENOVA  
244 CRAWFORD LOOP  
POLLOCK, LA 71467

**Operator ID: 11036**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMMY J GEORGE, JR  
65105 LITTLE FARMS ROAD  
PLAQUEMINE, LA 70764

**Operator ID: 10538**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT GEORGE  
8801 SPRUCE STREET  
NEW ORLEANS, LA 70118

**Operator ID: 10791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLIE S GEORGE  
913 SOUTH 17TH ST  
MONROE, LA 71202

**Operator ID: 1739**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRED J GERHARDT  
3725 EDDY PLACE  
SHREVEPORT, LA 71107

**Operator ID: 25626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE P GERVAIS  
POST OFFICE BOX 32  
PARADIS, LA 70080

**Operator ID: 9336**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS N GIBBS  
1634 W PLAINS PORT HUDSON  
ZACHARY, LA 70791

**Operator ID: 11459**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L GIBSON  
216 KNOTTS LANDING LOOP  
JENA, LA 71342

**Operator ID: 11634**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEWTON GIBSON, JR  
2614 PARHAM DR  
SHREVEPORT, LA 71109

**Operator ID: 17069**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN L GIBSON  
8501MILLICENT WAY  
APT2012  
SHREVEPORT, LA 71115

**Operator ID: 36910**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES S GIDDENS  
1324 HWY 527  
ELM GROVE, LA 71051

**Operator ID: 6815**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS O GIERING  
1820 WILLIAMS AVE  
NATCHITOCHES, LA 71457

**Operator ID: 1748**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CAROLYN D GIFFORD  
POST OFFICE BOX 5676  
LAKE CHARLES, LA 70606

**Operator ID: 12038**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER T GILBERT  
806 WOOD STREET  
MINDEN, LA 71055

**Operator ID: 11760**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID N GILBERT  
142 POWELL ST  
MARION, LA 71260

**Operator ID: 27187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON W GILBREATH  
4437 KELLER DR  
COLLINSTON, LA 71229

**Operator ID: 11184**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J GILBRIDE  
26929 BENNETT ROAD  
HOLDEN, LA 70744

**Operator ID: 6304**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN GILCHRIST  
175 VIVIAN ST  
MORGAN CITY, LA 70380

**Operator ID: 30226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT D GILDON  
500 6TH STREET SE  
SPRINGHILL, LA 71075

**Operator ID: 11952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON H GILL  
515 ELENGTON ROAD  
DERIDDER, LA 70634

**Operator ID: 11614**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIRGINIA D GILL  
415 BAWCOM STREET  
WEST MONROE, LA 71292

**Operator ID: 18626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARED R GILL  
66062 ST MICHAEL CIRCLE  
PEARL RIVER, LA 70452

**Operator ID: 26868**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON P GILL  
4152 FORET ST  
ADDIS, LA 70710

**Operator ID: 36849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W GILL  
2 WHEATFIELD RD  
POPLARVILLE, MS 39470

**Operator ID: 8595**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHELE J GILL  
3530 SIERRA CIRCLE  
SULPHUR, LA 70665

**Operator ID: 9483**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHARON C GILLUM  
3612 HWY 182 WEST  
PATTERSON, LA 70392

**Operator ID: 11037**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATE GILMORE  
3347 MYRTLE GROVE  
BATON ROUGE, LA 70810

**Operator ID: 11247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R GILPIN, JR  
21051 CHANEY ROAD  
ZACHARY, LA 70791-9513

**Operator ID: 1757**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILIP GIOIA  
1332 BAYOU RD  
SAINT BERNARD, LA 70085-4804

**Operator ID: 1758**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD L GIPSON  
15 CO HARRIS RD  
WOODWORTH, LA 71485

**Operator ID: 10839**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS GIPSON  
PO BOX 264  
ARCADIA, LA 71001-0264

**Operator ID: 1760**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELMER M GIROUARD  
1055 VIEUX JACQUET BROUSS  
BROUSSARD, LA 70518

**Operator ID: 1763**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN A GISCLAIR, JR  
213 FIR STREET  
RACELAND, LA 70394

**Operator ID: 11367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY D GLASCOCK  
11634 OWENS RD  
HAMMOND, LA 70401

**Operator ID: 27986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

DAVID P GLASPIE  
237 LEACH ROAD  
HORNBECK, LA 71439

**Operator ID: 36026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSICA G GLODD  
1004 INVERERY DR  
LAKE CHARLES, LA 70605

**Operator ID: 21906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS B GLOVER  
116 RIVER POINT DR.  
DESTREHAM, LA 70047

**Operator ID: 1769**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDDIE N GODWIN  
POST OFFICE BOX 522  
KROTZ SPRINGS, LA 70750

**Operator ID: 9986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VAL P GOETZ  
18068 HWY. 40  
LORANGER, LA 70446

**Operator ID: 6970**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY L GOFF  
17613 CROSSING BLVD  
BATON ROUGE, LA 70810

**Operator ID: 28335**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIKEOUS D GOINS  
317 NORTH 8TH STREET  
MONROE, LA 71201

**Operator ID: 24407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY L GOLEMAN  
3802 GOLDRICH DR  
WESTLAKE, LA 70669

**Operator ID: 1776**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIO--DENNIS GOMEZ  
7594 HWY 75  
GEISMAR, LA 70734

**Operator ID: 11384**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAMON GONZALES  
7594 HWY 75  
GEISMAR, LA 70734

**Operator ID: 11385**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIKE GONZALES  
P O BOX 1252  
BUNKIE, LA 71322

**Operator ID: 1782**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL D GOODE  
2709 MAYFLOWER  
MERAUX,, LA 70075

**Operator ID: 7350**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINT W GOODEAUX  
719 LANDRY ROAD APT 300  
WESTLAKE, LA 70669

**Operator ID: 9484**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AMOSE J GOODEN, JR  
PO BOX 773  
MANSFIELD, LA 71052

**Operator ID: 1783**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEANMARD GOODLY  
148 PARKWAY NORTH DR  
SLIDELL, LA 70458

**Operator ID: 27806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND E GOODMAN  
14309 CROSSETT RD  
BASTROP, LA 71220

**Operator ID: 1784**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE D GOODRUM  
108 WEST 9TH ST  
RESERVE, LA 70084

**Operator ID: 27106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH E GORDON  
15117 MEMORIAL TOWER RD  
BATON ROUGE, LA 70810

**Operator ID: 26247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY E GOREE  
2111 BRUG JONES LANE  
MONROE, LA 71201

**Operator ID: 4967**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W GOSS  
3253 HWY 818  
RUSTON, LA 71270

**Operator ID: 1789**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL A GOSS  
101 EAST DICK HAYES ROAD  
WESTLAKE, LA 70669

**Operator ID: 9699**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY W GOUDEAU, JR  
4414 E POST OAK ST  
GREENWELL SPRINGS, LA 70739

**Operator ID: 1791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SANDRA G GOUGH  
8742 COOPER LAKE RD  
BASTROP, LA 71221

**Operator ID: 5192**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM L GOULDIN  
3500 HOUSTON RIVER ROAD  
WESTLAKE, LA 70669

**Operator ID: 7536**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATHEW L GRAF  
334 W.MAPLE AVENUE  
SHREVEPORT, LA 71107

**Operator ID: 28286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C GRAHAM  
2118 DONAHUE FERRY RD  
PINEVILLE, LA 71360

**Operator ID: 1801**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W GRANIER  
339 GOOD HOPE STREET  
NORCO, LA 70079

**Operator ID: 8011**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERVIN A GRAVES, JR  
1213 KENNY DR  
WESTWEGO, LA 70094

**Operator ID: 10832**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN T GRAVOIS  
13264 BRAZAN RD  
VACHERIE, LA 70090

**Operator ID: 1806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE J GRAY  
11005 OLD MANSFIELD RD  
#50  
KEITHVILLE, LA 71047

**Operator ID: 10731**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY J GRAY  
6305 LESLIE STREET  
METAIRIE, LA 70003

**Operator ID: 11528**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIM M GRAY  
15495 TRACY LANE  
INDEPENDENCE, LA 70443

**Operator ID: 5485**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMIEN GRAY  
113 UNION STREET  
MONTZ, LA 70068

**Operator ID: 8123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL S GREEN  
289 WILLS LANE  
CALHOUN, LA 71225

**Operator ID: 11758**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN L GREEN  
3885 WILLOW LN  
HOSSTON, LA 71043

**Operator ID: 12222**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LORNE D GREEN  
208 HWY 906  
MONTEREY, LA 71354

**Operator ID: 1816**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HORACE GREEN, JR  
218 HOLLOWROCK CT.  
SLIDELL, LA 70461

**Operator ID: 8014**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R GREEN  
4808 BEECH SPRINGS ROAD  
QUITMAN, LA 71268

**Operator ID: 9828**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E GREENE  
1098 GREENE ROAD  
MINDEN, LA 71055

**Operator ID: 12313**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARION R GREENE  
1920 WILLOWICK ST  
LAKE CHARLES, LA 70605

**Operator ID: 1821**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIUS J GREGOIRE  
604 EMREY LEWIS AVE  
NEW IBERIA, LA 70560

**Operator ID: 27666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMIE E GREGORY  
30458 FAIRWAY VIEW DR  
DENHAM SPRINGS, LA 70726

**Operator ID: 24890**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH W GREGSON  
7409 ESLER FIELD RD  
PINEVILLE, LA 71360

**Operator ID: 35806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER GREGUS  
4528 HESSMER AVENUE  
METAIRIE, LA 70002

**Operator ID: 5746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LESTER L GRENEAUX  
103 HUNTERS LANE  
LAFAYETTE, LA 70507

**Operator ID: 10866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY M GRIER  
355 HUDSON ROAD  
FARMERVILLE, LA 71241

**Operator ID: 33767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN L GRIFFIN  
37497 LOPEZ STREET  
SLIDELL, LA 70459

**Operator ID: 1834**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

IVAN H GRIFFIN  
6295 DOBROWOISKI LANE  
ETHEL, LA 70730

**Operator ID: 30667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD L GRIFFIN  
147 ANDY ALLEN ROAD  
RAYVILLE, LA 71269

**Operator ID: 7807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORMAN M GRIFFIN  
POST OFFICE BOX 255  
DES ALLEMANS, LA 70030

**Operator ID: 9775**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARBARA F GRIFFITH  
5108 HWY 371  
RINGGOLD, LA 71068

**Operator ID: 5768**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY GRIGGS  
715 6TH STREET  
FERRIDAY, LA 71334

**Operator ID: 10236**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACOB B GROBY, III  
29354 LYON LANE  
LACOMB, LA 70445

**Operator ID: 1844**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN M GROVE  
55 BELLE GROVE DRIVE  
DESTREHAN, LA 70047

**Operator ID: 11805**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RENNIE J GROWL  
304 S FASHION BLVD  
HAHNVILLE, LA 70057-2003

**Operator ID: 9700**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN J GUARISCO, JR  
1009 GARDEN STREET  
MORGAN CITY, LA 70381

**Operator ID: 1856**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK R GUARISCO  
13674 GLEN ELLIS ROAD  
WALKER, LA 70785

**Operator ID: 8016**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY J GUERRA, JR  
31 JOHNSON RD  
POPLARVILLE, MS 39470

**Operator ID: 28626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUIS E GUERRERO  
14508 BELLA VILLA DR  
UNIT #7  
BATON ROUGE, LA 70810

**Operator ID: 7127**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNIE J GUIDROZ  
1055 BRIDGE ST  
PARKS, LA 70582

**Operator ID: 1857**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J GUIDROZ  
1097 DIVISION ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 7447**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUNTER B GUIDRY  
604 BIENVILLE ST  
BATON ROUGE, LA 70806

**Operator ID: 10239**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES S GUIDRY, JR  
7305 VICTORIA DRIVE  
MAURICE, LA 70555

**Operator ID: 11250**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE J GUIDRY, III  
878 HWY 357  
OPELOUSAS, LA 70570

**Operator ID: 12647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER J GUIDRY  
1420 TENNESSEE ST  
LAKE CHARLES, LA 70607

**Operator ID: 15386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C GUIDRY  
POST OFFICE BOX 246  
BREAUX BRIDGE, LA 70517

**Operator ID: 1866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY A GUIDRY  
204 5TH ST  
GUEYDAN, LA 70542

**Operator ID: 1867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARLON J GUIDRY  
POST OFFICE BOX 1688  
LAROSE, LA 70373

**Operator ID: 1868**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY GUIDRY  
POST OFFICE BOX 94  
PORT SULPHUR, LA 70083

**Operator ID: 1869**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD C GUIDRY  
118 TISON ROAD  
CARENCRO, LA 70520

**Operator ID: 1875**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK K GUIDRY, SR  
760 WILD CHERRY LANE  
BREAUX BRIDGE, LA 70517

**Operator ID: 32786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATSY R GUIDRY  
1410 GENDARME ROAD  
CARENCRO, LA 70520

**Operator ID: 36568**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAURENCE GUIDRY  
340 BLUNDELL ROAD  
WINNFIELD, LA 71483

**Operator ID: 7260**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON P GUIDRY  
59050 DARBY AVE.  
PLAQUEMINE, LA 70764

**Operator ID: 8448**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J GUIDRY  
P O BOX 1084  
BREAUX BRIDGE, LA 70517

**Operator ID: 8837**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES J GUILBEAU  
809 BEAU BASSIN  
CARENCRO, LA 70520

**Operator ID: 20246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARRELL GUILBEAU, JR  
127 LONGFELLOW ST  
ST MARTINVILLE, LA 70582

**Operator ID: 25286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OTIS J GUILLORY  
750 LEWIS ST  
EUNICE, LA 70535

**Operator ID: 10243**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY GUILLORY  
315 GUILBEAU ROAD  
APT 520  
LAFAYETTE, LA 70506

**Operator ID: 11040**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES GUILLORY  
565 HUSEMAN LN  
COVINGTON, LA 70435

**Operator ID: 1881**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN F GUILLORY  
113 CANYON DRIVE  
LAFAYETTE, LA 70506

**Operator ID: 1891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL GUILLORY, JR  
173 TOWN -N- COUNTRY RD  
ALEXANDRIA, LA 71302

**Operator ID: 1892**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG A GUILLORY  
120 CRAIG LN  
CAMERON, LA 70631

**Operator ID: 26646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARACHIE H GUILLORY  
5306 HWY 358  
OPELOUSAS, LA 70570

**Operator ID: 32787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES J GUILLORY  
2406 OAK PARK BLVD.  
#533  
LAKE CHARLES, LA 70601

**Operator ID: 6763**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURRY A GUILLOT  
POST OFFICE BOX 444  
519 HWY 1204  
BALL, LA 71405

**Operator ID: 12173**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL J GUILLOT  
502 EGG BEND ROAD  
MARKSVILLE, LA 71351

**Operator ID: 1895**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LINSTER J GUILLOT  
186 MICHEL LABORDE RD  
MANSURA, LA 71350

**Operator ID: 1897**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GORDON GUILLOT  
PO BOX 125  
HESSMER, LA 71341

**Operator ID: 1898**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE B GUILLOT  
POST OFFICE BOX 1653  
DERIDDER, LA 70634

**Operator ID: 7262**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WENDY A GUILLOTTE  
17149 HWY 5  
LOGANSPOUT, LA 71049

**Operator ID: 7581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CYNTHIA J GUIN  
355 NORTH TALEN ROAD  
GUEYDAN, LA 70542

**Operator ID: 10467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROCCO L GUIRLANDO  
1326 JOHNSON CIRCLE  
MONTGOMERY, LA 71454

**Operator ID: 6126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GINA GURGAINERS  
395 COTTON ISLAND  
POLLOCK, LA 71467

**Operator ID: 10367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELISSA G GURGAINERS  
198 COOK ROAD  
SIBLEY, LA 71073

**Operator ID: 13971**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHEILLA D GUZMAN  
1192 SLAGLE RD  
LEESVILLE, LA 71446

**Operator ID: 27288**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK GUZZARDO  
13136 NEW GENNESSE RD  
TICKFAW, LA 70466

**Operator ID: 25266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND A HAAR  
POST OFFICE BOX 36  
BRITTANY, LA 70718

**Operator ID: 10238**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL C HACKWORTH  
3153 SWANSONS LANDING RD  
KARNACK, TX 75661

**Operator ID: 12225**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REGINALD J HADRICK  
P O BOX 784  
NAPOLEONVILLE, LA 70390

**Operator ID: 37112**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

JEFFERY R HALE  
1522 LENA ROAD  
P O BOX 44  
LENA, LA 71447

**Operator ID: 6507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW C HALL  
15525 SHIRLEY DRIVE  
PRAIRIEVILLE, LA 70769

**Operator ID: 10928**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBIN R HALL  
438 MAIN ST  
CANKTON, LA 70584

**Operator ID: 1920**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TYRONE HALL  
3845 PAUGER ST  
NEW ORLEANS, LA 70122

**Operator ID: 20387**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS G HALL  
216 BLUE ROBERTS RD  
WISNER, LA 71378

**Operator ID: 25750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS S HALL  
113 HILLCREST CIR  
HAUGHTON, LA 71037

**Operator ID: 26426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY B HALL  
15185 HIGHWAY 1079 #1  
FOLSOM, LA 70437

**Operator ID: 28306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL R HALL  
22611 CARRIAGE PARISH LN  
ZARCHARY, LA 70791

**Operator ID: 32406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUGH R HALLE  
1610 COLLEGE DRIVE  
PINEVILLE, LA 71360

**Operator ID: 35947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHANIE P HAM  
665 J. ALEXANDER RD  
LOGANSPOUT, LA 71049

**Operator ID: 35767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J HAMERNICK  
175 MOSS RIDGE  
PINEVILLE, LA 71360

**Operator ID: 11953**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE R HAMILTON  
4420 MAID STONE DRIVE  
LAKE CHARLES, LA 70605

**Operator ID: 10469**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRANDERSON D HAMILTON, IV  
1608 PINE STREET  
FRANKLIN, LA 70538

**Operator ID: 10950**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN L HAMILTON, JR  
24325 LA HWY 16  
DENHAM SPRINGS, LA 70726

**Operator ID: 1929**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY M HAMM  
P O BOX 1281  
PEARL RIVER, LA 70542

**Operator ID: 14186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIRGIL I HAMMERLY, JR  
7330 FOXTROT STREET  
ORANGE, TX 77632

**Operator ID: 14667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LLOYD HAMPTON, SR  
506 LOCUST ST  
THIBODAUX, LA 70301

**Operator ID: 6906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRACE R HANDFORD  
4496 85TH AVE  
SOUTH WEST  
RICHARDTON, ND 58652

**Operator ID: 11893**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICHOLAS W HANKS  
P O BOX 1772  
SULPHUR, LA 70664-1772

**Operator ID: 16426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANNA F HANNA  
POST OFFICE BOX 553  
COUSHATTA, LA 71019

**Operator ID: 12113**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL E HANSON  
P O BOX 939  
BALDWIN, LA 70514

**Operator ID: 11308**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN P HARBOUR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 5394**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL L HARDAWAY, SR  
4318 CANTRELL DR  
BERWICK, LA 70342

**Operator ID: 37080**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARL W HARDBERGER  
1205 BAYOU BLUE BYPASS RD  
THIBODAUX, LA 70301

**Operator ID: 7012**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH HARDESTY  
1316 BEECH STREET  
WESTLAKE, LA 70669

**Operator ID: 7554**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W HARDIN  
8074 FAIRLANE DR  
DENHAM SPRING, LA 70726

**Operator ID: 18666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD M HARDY II  
5406 B0GIE STREET  
ZACHARY, LA 70791

**Operator ID: 18686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H HARDY  
PO BOX 447  
IOWA, LA 70647

**Operator ID: 10045**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN HARGIS  
142 CHURCH STREET  
LOCKPORT, LA 70374

**Operator ID: 9231**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Center for Environmental Health Services

**INVOICE**

BENJAMIN J HARMON  
203 CONCERTO CREST  
DUSON, LA 70529

**Operator ID: 5889**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY L HARPER  
PO BOX 3042  
FORT POLK, LA 71459

**Operator ID: 10594**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY A HARPER  
901 PINECONE DR  
LAKE CHARLES, LA 70611

**Operator ID: 1965**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R HARPER  
154 SAM DUNHAM RD  
SULPHUR, LA 70663

**Operator ID: 37013**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY L HARPER  
10533 GILL ROAD  
BASTROP, LA 71220

**Operator ID: 7873**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD L HARPER  
441 KINGS DRIVE  
PINEVILLE, LA 71360

**Operator ID: 8019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM B HARRELL  
12754 MUSTANG AVENUE  
BATON ROUGE, LA 70818

**Operator ID: 8020**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUSTIN L HARRELL  
11911 SCENIC HWY  
BATON ROUGE, LA 70807-1318

**Operator ID: 8449**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT HARRINGTON  
1506 LEE AVENUE  
HOUMA, LA 70360

**Operator ID: 29726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH M HARRINGTON  
15085 BLACKWATER RD  
ZACHARY, LA 70791

**Operator ID: 4941**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN J HARRIS  
1450 COTTONWOOD DR  
DENHAM SPRINGS, LA 70726

**Operator ID: 10522**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOUBERT HARRIS  
17836 OLD SCENIC HWY  
ZACHARY, LA 70791

**Operator ID: 10553**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERENCE (TIM) M HARRIS  
12706 GOODWOOD BLVD  
BATON ROUGE, LA 70815

**Operator ID: 11813**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH HARRIS, JR  
POST OFFICE BOX 864  
WALKER, LA 70785

**Operator ID: 12927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY T HARRIS  
16496 OAKVIEW DR  
PRAIRIEVILLE, LA 70769

**Operator ID: 1973**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEONARD HARRIS  
8742 COOPER LAKE ROAD  
BASTROP, LA 712210706

**Operator ID: 1979**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON C HARRIS  
2585 MARTHA ST  
SIMSBORO, LA 71275

**Operator ID: 6755**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MITCHELL HARRIS  
1730 HAWKINS STREET  
SHREVEPORT, LA 71107

**Operator ID: 6894**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNIE A HARRISON  
500 FAIRVIEW  
BASTROP, LA 71220

**Operator ID: 11185**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS L HARRISON  
10314 MAGNOLIA  
GREENWELL SPRINGS, LA 70739

**Operator ID: 15486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS G HARRISON  
P O BOX 71  
MONTGOMERY, LA 71454

**Operator ID: 32108**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY G HARRISON  
264 DEERFIELD ROAD  
MINDEN, LA 71055

**Operator ID: 7014**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH E HART  
2022 PELICAN ST  
SLIDELL, LA 70460

**Operator ID: 16486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLIE L HARTLINE  
4209 PURDUE STREET  
METAIRIE, LA 70003

**Operator ID: 1989**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES K HARTZO  
740 N CYPRESS  
VIVIAN, LA 71082

**Operator ID: 12226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SPENCER T HARVEY  
187 LATINO DRIVE  
DONALDSONVILLE, LA 70346

**Operator ID: 11043**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TREVOR J HARVEY  
9005 WALKER RD APT923  
SHREVEPORT, LA 71118

**Operator ID: 26427**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GURNEY D HARVEY  
11920 CORE LANE  
BAKER, LA 71714

**Operator ID: 7803**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL K HARWELL  
297 MIDDLE RD  
MANGHAM, LA 71259

**Operator ID: 5433**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER W HASSIEN  
205 KAYLA DR  
DERIDDER, LA 70634

**Operator ID: 26786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID K HATCHER  
3835 FLOYD DR.  
BATON ROUGE, LA 70808

**Operator ID: 15426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAYTON HATCHERSON, JR  
PO BOX 925  
BALDWIN, LA 70514

**Operator ID: 7266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK R HATFIELD  
1505 MASON SMITH AVENUE  
METAIRIE, LA 70003

**Operator ID: 1998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS C HATTAWAY  
POST OFFICE BOX 35888  
WEST MONROE, LA 71294

**Operator ID: 2000**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL S HATTEN  
207 DRAGO  
WEST MONROE, LA 71291

**Operator ID: 4945**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD E HAULK, JR  
54 BEAUREGARD DR  
GRETNA, LA 70053

**Operator ID: 2001**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT K HAVARD  
P.O. BOX 13375  
LAKE CHARLES, LA 70612

**Operator ID: 25751**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON N HAWKINS  
8009 LONGWOOD DR  
DENHAM SPRINGS, LA 70726

**Operator ID: 36499**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK C HAY  
5543 FOREST HILL LANE  
MILTON, FL 32570

**Operator ID: 10429**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHANIE J HAY  
179 PLEASANT HILL DR  
ZWOLLE, LA 71486

**Operator ID: 32367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTIN P HAYDEL  
42340 CLOUATRE ROAD  
GONZALES, LA 70737

**Operator ID: 10590**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN A HAYDEL  
402 E BUTTERFLY CIRCLE  
TERRY TOWN, LA 70056

**Operator ID: 2006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICKEY D HAYE  
108 OUIDA BRYAN ROAD  
FARMERVILLE, LA 71241

**Operator ID: 13949**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EARL HAYES  
119 BAYWOOD AVE  
LAFAYETTE, LA 70501

**Operator ID: 14347**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN HAYES  
1121 BARRINGTON DR B  
BAKER, LA 70714-7927

**Operator ID: 7130**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STANLEY B HAYES  
POST OFFICE BOX 122  
GRAND CANE, LA 71032

**Operator ID: 7267**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODRIGUES J HAYES  
4210 BARBARA AVENUE  
SHREVEPORT, LA 71109

**Operator ID: 8941**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW D HAYNES  
4850 SHED RD  
APT 249  
BOSSIER, LA 71111

**Operator ID: 29087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL E HAYWOOD  
306 BEAVER RUN RD  
GREENSBURG, LA 70441

**Operator ID: 16466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRY J HEAD, JR  
3419 OLE MISS DRIVE  
KENNER, LA 70065

**Operator ID: 8862**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD P HEARD  
P O BOX 74  
HOMER, LA 71040

**Operator ID: 2021**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAY W HEARD  
789 LADON ST  
HAUGHTON, LA 71037

**Operator ID: 28507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY P HEARN, II  
9664 PAULA STREET  
KEITHVILLE, LA 71042

**Operator ID: 25007**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C HEBERT  
2711 CHURCH STREET  
ZACHARY, LA 70791

**Operator ID: 10442**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL P HEBERT  
POST OFFICE BOX 500  
GEISMAR, LA 70734

**Operator ID: 11627**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD D HEBERT  
11816 GABRIEL RD  
ERATH, LA 70533

**Operator ID: 11684**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLTON J HEBERT  
118 FENETRE  
SCOTT, LA 70583

**Operator ID: 2027**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL W HEBERT  
38635 HWY 75  
PLAQUEMINE, LA 70764

**Operator ID: 27686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH V HEBERT, III  
603 N MOSS ST  
CHURCH POINT, LA 70525

**Operator ID: 30869**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN J HEBERT  
7500 PIUFETTE RD  
NEW IBERIA, LA 70560

**Operator ID: 36367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRBY HEBERT  
191 FLOYD LITTLE RD  
HACKBERRY, LA 70645

**Operator ID: 36501**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE G HEBERT  
203 SOUTH WASHINGTON  
BROUSSARD, LA 70518

**Operator ID: 4948**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY J HEBERT  
316 WEST MAIN STREET  
NEW IBERIA, LA 70560

**Operator ID: 4972**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARED J HEBERT  
309 GRACELAND  
ABBEVILLE, LA 70510

**Operator ID: 6642**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERCY HEBERT, JR  
425 BAYOU PAUL LANE  
ST GABRIEL, LA 70776

**Operator ID: 6643**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIRGIL J HEBERT, SR.  
717 N SEVERIN ST  
ERATH, LA 70533

**Operator ID: 7098**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY E HEBRON  
152 DRYDEN RD  
BALL, LA 71405

**Operator ID: 5980**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W HECKLER  
1512 MONTANA AVE  
KENNER, LA 70062

**Operator ID: 2045**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILIP R HECTOR  
112 SOUTHLAKE CIRCLE  
YOUNGSVILLE, LA 70592

**Operator ID: 2046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Center for Environmental Health Services

**INVOICE**

JOHN A HEIDEL, IV  
400 AYCOCK STREET  
ARABI, LA 70032

**Operator ID: 8750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A HEINTZ  
110 PORTER ST  
ST MARTINVILLE, LA 70582

**Operator ID: 5719**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN C HEISE  
3518 ARVILLA LN  
LAKE CHARLES, LA 70605

**Operator ID: 28226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LLOYD R HEITMEIER, JR  
2288 MERCEDES BLVD  
NEW ORLEANS, LA 70114

**Operator ID: 2049**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD J HELLER, JR  
916 NEYREY DR  
METAIRIE, LA 70001

**Operator ID: 5639**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

J.W. HELLUMS, JR  
716 ROYAL STREET  
LAKE CHARLES, LA 70607

**Operator ID: 8942**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUBBELL P HELTZ  
316 GREGORY ST  
LULING, LA 70070

**Operator ID: 31206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BLAINE J HELTZ  
1157 DESOTO DRIVE  
LUTCHER, LA 70071

**Operator ID: 4991**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY D HENDERSON  
P O BOX 37643  
SHREVEPORT, LA 71133

**Operator ID: 11203**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CADE A HENDERSON  
2226 HWY 109 SOUTH  
VINTON, LA 70668

**Operator ID: 31247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME HENDERSON  
1726 LYNN STREET  
THIBODAUX, LA 70302

**Operator ID: 7799**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL G HENDERSON  
27649 TALL OAKS DRIVE  
WALKER, LA 70785

**Operator ID: 7800**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C HENRY  
302 DANA AVE  
ABITA SPRINGS, LA 70420

**Operator ID: 13646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEMETRIUS HENRY  
161 JEANETTE DRIVE  
OPELOUSAS, LA 70570

**Operator ID: 23986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY L HENRY  
3142 MATTERHORN  
PORT NECHES, TX 77651

**Operator ID: 26186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL D HENRY  
129 BOURG-LAROSE HWY  
BOURG, LA 70343

**Operator ID: 26886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN HENRY  
2234 PINE GROVE ROAD  
SALINE, LA 71070

**Operator ID: 27770**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS D HENSON  
108 LA CROIX ROAD  
PINEVILLE, LA 71360

**Operator ID: 2069**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN L HENSON  
POST OFFICE BOX 215  
ROSELAND, LA 70456

**Operator ID: 4969**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGG P HERBERT  
1920 FERONIA STREET  
METAIRIE, LA 70005

**Operator ID: 2070**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM J HERNANDEZ, JR  
58325 DESOBRY  
PLAQUEMINE, LA 70764-3501

**Operator ID: 10930**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN Z HERNANDEZ  
5117 LEE PLACE  
MARRERO, LA 70072

**Operator ID: 2071**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC J HERNANDEZ  
813 ALICE DR FRNT  
LAFAYETTE, LA 70503

**Operator ID: 5462**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WESLEY A HERNDON  
70277 BRAVO ST #4  
COVINGTON, LA 70433

**Operator ID: 36491**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY G HERRICK  
POBOX 1638  
KINDER, LA 70648

**Operator ID: 39570**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARRETT F HERRINGTON  
76428 NORTH RIVER RD  
KENTWOOD, LA 70444

**Operator ID: 30027**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN H HERZOG  
272 POINT 3 DRIVE  
FLORIEN, LA 71429

**Operator ID: 6644**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY W HESTER  
2731 HIGHWAY 155  
ASHLAND, LA 71002

**Operator ID: 9026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE M HEURTIN  
63271 GRAHAM RD  
AMITE, LA 70422

**Operator ID: 2079**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD L HEXT  
101 WEST LEE ST  
LEESVILLE, LA 71446

**Operator ID: 2080**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R HIBBARD  
12644 THREE LAKES DR  
WALKER, LA 70785

**Operator ID: 7073**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSS W HICKS  
18112 HWY 10  
CLINTON, LA 70722

**Operator ID: 10247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACKY D HICKS  
441 CROSS DR  
HAUGHTON, LA 71037

**Operator ID: 32388**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON G HIGGINS  
122 OCHO RIOS  
SCOTT, LA 70583

**Operator ID: 8604**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R HIGHSMITH  
PO BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 2088**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE HIGHTOWER  
4903 YARBROUGH RD  
BASTROP, LA 71220

**Operator ID: 8420**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID G HILL, II  
210 ST NICHOLAS STREET  
LULING, LA 70057

**Operator ID: 11463**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUCAS D HILL  
20138 PECAN TRACE DR  
PONCHATOULA, LA 70454

**Operator ID: 15506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID E HILL  
244 ALONZO  
WEST MONROE, LA 71291

**Operator ID: 18727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERSCHEL HILL, JR  
POST BOX 842  
BOUTTE, LA 70039

**Operator ID: 2095**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARVEY W HILL  
6507 QUILEN BLVD  
SHREVEPORT, LA 71108

**Operator ID: 22486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R HILL  
103 SULLIVAN PLACE  
MONROE, LA 71202

**Operator ID: 6225**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN HILL, III  
114 A SOUTH ARDIS AVE  
P O BOX 645  
OIL CITY, LA 71061

**Operator ID: 6272**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY F HILL  
172 HAIRE LOOP ROAD  
PELICAN, LA 71063

**Operator ID: 8605**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL J HILLE  
144 COTEAU JUAVITA ST.  
HOUMA, LA 70364

**Operator ID: 8606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES M HILTON  
1508 TEEKELL ST  
BOSSIER, LA 71111

**Operator ID: 24647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JENNIFER R HINES  
2826 MISTY LANE #70  
BOSSIER, LA 71111

**Operator ID: 11332**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYLE J HINGLE  
8 WILLOW LANE  
GRETNA, LA 70053

**Operator ID: 31186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD L HINTON  
1231 JEAN CHAPEL ROAD  
#94  
LEESVILLE, LA 71446

**Operator ID: 28334**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E HISLOP  
311 MARIE  
WEST MONROE, LA 71291

**Operator ID: 6579**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BROOKS A HIVELY  
1005 HIDDEN HILLS DRIVE  
PINEVILLE, LA 71360

**Operator ID: 8607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL T HIXON  
PO BOX 1257  
WEST MONROE, LA 71294

**Operator ID: 2104**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN B HOCKEY  
2812 CYPRESS STREET  
LAKE CHARLES, LA 70601

**Operator ID: 2106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MITCHELL W HOFFPAUIR  
PO BOX 91  
HAYES, LA 70646

**Operator ID: 11045**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD HOFFPAUIR  
PO BOX 12549  
1101 ATHENS DRIVE  
LAKE CHARLES, LA 70611

**Operator ID: 2116**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY D HOGAN  
406 TREMONT  
RUSTON, LA 71270

**Operator ID: 2120**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL C HOGGATT, JR  
P.O. BOX 212  
ARCHIBALB, LA 71218

**Operator ID: 20007**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT J HOGUE  
1407 CHUCK BAGWELL RD  
DEQUINCY, LA 70633

**Operator ID: 33606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN D HOLDCRAFT  
3359 WAYNE DR  
BATON ROUGE, LA 70805

**Operator ID: 2123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENDALL W HOLDEN  
PO BOX 1671  
GLENMORA, LA 71433

**Operator ID: 11688**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEL J HOLLAND  
121 COUNTRY ESTATES DR  
WEST MONROE, LA 71291

**Operator ID: 15446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AMY H HOLLAND  
3125 BURNETT TOWN RD  
RAGLEY, LA 70657

**Operator ID: 36167**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND E HOLLENSHEAD  
3627 HWY. 534  
HOMER, LA 71040

**Operator ID: 2129**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW R HOLLENSHEAD  
3627 HWY 534  
HOMER, LA 71040

**Operator ID: 27306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>OP-IN-TRAINING - WD</b>	<b>20.00</b>
<b>OP-IN-TRAINING - WP</b>	<b>10.00</b>
<b>OP-IN-TRAINING - WT</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CATHERINE L HOLLINGSWORTH  
POST OFFICE BOX 542  
312 LANGLEY  
ELTON, LA 70532

**Operator ID: 12890**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL V HOLLINS  
4544 SALEM DR  
BATON ROUGE, LA 70814

**Operator ID: 27926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS L HOLLIS  
P.O. BOX 35800  
ATTENTION: ELIZABETH SMITH  
WEST MONROE, LA 71294-5800

**Operator ID: 16786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS W HOLLIS  
150 BURNETT RD  
QUITMAN, LA 71268

**Operator ID: 35186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN A HOLMES, JR  
15093 REYNOLDS ST  
BONITA, LA 71223

**Operator ID: 11047**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH L HOLT, SR  
157 DIXIE CHURCH ROAD  
SIEPER, LA 71472

**Operator ID: 7272**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ULYSESS HONORE  
4744 FRENCHMEN STREET  
NEW ORLEANS, LA 70122

**Operator ID: 2139**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORMAN S HOOVER  
33075 AMBROSE HOOVER ROAD  
TICKFAW, LA 70466

**Operator ID: 32806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD J HOOVER  
1905 N EVERGLADES DR  
DEER PARK, TX 77536

**Operator ID: 39610**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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Center for Environmental Health Services

**INVOICE**

KENNETH J HOPEL  
719 WEST BANK EXPRESSWAY  
GRETNA, LA 70053

**Operator ID: 35388**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Center for Environmental Health Services

**INVOICE**

LANDON C HOPKINS  
20834 HOLMES DRIVE  
ZACHARY, LA 70791

**Operator ID: 29327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN A HORNSBY  
105 GUIDRY ST.  
BOURG, LA 70343

**Operator ID: 2150**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W HORTON  
107 SAVANNAH CIR  
LEESVILLE, LA 71446

**Operator ID: 2153**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODGERIKA B HORTON  
2525 W ORICE ROTH RD  
APT 1207  
GONZALES, LA 70737

**Operator ID: 31708**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERMAINE K HORTON  
14573 TILBURY RD  
NEW ORLEANS, LA 70128

**Operator ID: 7654**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DREW M HOSLI  
#33 BERKLEY AVE  
HARAHAN, LA 70123

**Operator ID: 2157**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE F HOSS, JR  
1416 D GENDARME ROAD  
CARENCRO, LA 70520

**Operator ID: 2158**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W HOSS  
242 WREN RD  
DERIDDER, LA 70634

**Operator ID: 35807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN HOUSE  
118 SCHOOL STREET  
DELHI, LA 71232

**Operator ID: 24747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BELINDA A HOUY  
140 GARY STREET  
MANY, LA 71449

**Operator ID: 11428**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES HOWARD  
127 JUDY STREET  
LAFAYETTE, LA 70501

**Operator ID: 10870**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY HOWARD  
5701 REDMAPLE DR  
NEW ORLEANS, LA 70129

**Operator ID: 13666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANA T HOWARD  
1809 MEEKER LOOP  
LAPLACE, LA 70068

**Operator ID: 13667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN HOWARD, JR  
345 RIVER OAKS DRIVE  
DESTREHAN, LA 70047

**Operator ID: 2165**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD HOWARD, SR  
119 JEAN ELLEN AVE  
HOUMA, LA 70363

**Operator ID: 2166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAY A HOWARD  
13230 JOYCELYN DRIVE  
WALKER, LA 70785-4037

**Operator ID: 2167**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN G HOWARD  
1415 PALFREY  
P.O. BOX 2955  
GRETNA, LA 70053

**Operator ID: 36228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**OP-IN-TRAINING - WP**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID M HOWARD  
915 ORION AVE  
METAIRIE, LA 70005

**Operator ID: 5965**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL K HOWARD  
POST OFFICE BOX 296  
KEITHVILLE, LA 71047

**Operator ID: 7277**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY J HOWELL  
2805 HOYTE DRIVE  
SHREVEPORT, LA 71118

**Operator ID: 10733**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVE L HOWERTON  
225 MAYO AVENUE  
HARAHAN, LA 70123

**Operator ID: 9378**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS C HOYT  
501 MELANIE AVE  
METAIRIE, LA 70003

**Operator ID: 15526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEELY G HUBBARD, JR  
5140 WEAVER ROAD  
APT D12  
LAKE CHARLES, LA 70605

**Operator ID: 28588**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHIRLEY P HUBBARD  
7820 SANDPIPER DRIVE  
NEW ORLEANS, LA 70128

**Operator ID: 2862**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER L HUDLOW  
8500 SANDI ACRES LOOP  
SHREVEPORT, LA 71129

**Operator ID: 2177**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRY L HUDSON  
4453 BEAVER CREEK  
GREENWELL SPRINGS, LA 70739

**Operator ID: 2179**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KAREN S HUDSON  
1214 GUERRE CIR LOWR  
NEW ORLEANS, LA 70117

**Operator ID: 26206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH HUDSON  
8921 HEATON ST  
NEW ORLEANS, LA 70118

**Operator ID: 32809**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

BRITNEY L HUDSPETH  
229 BONAPARTE ST  
JOAQUIN, TX 75954

**Operator ID: 17146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELIZABETH A HUENEBURG  
2831 COUNTRY AIRE ESTATE  
DE SOTO, MO 63020

**Operator ID: 5001**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK HUERKAMP  
38388 PINE STREET  
PEARL RIVER, LA 70452-5192

**Operator ID: 2184**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AUBREY B HUFF  
5180 HWY 17  
P O BOX 120  
CROWVILLE, LA 71230

**Operator ID: 2186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY R HUFF, JR  
104 GAMMA STREET  
BELLE CHASSE, LA 70037

**Operator ID: 6713**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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Center for Environmental Health Services

**INVOICE**

RONALD L HUFFMAN  
3332 OLE MISS DRIVE  
KENNER, LA 70065

**Operator ID: 2188**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VICTOR A HUFFSTATLER  
3650 MEADOWLAND CT  
ZACHARY, LA 70791

**Operator ID: 27207**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE B HUGHES, SR  
2801 WEST CALIFORNIA AVE  
RUSTON, LA 71270

**Operator ID: 2190**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE B HUGHES, JR  
4579 HWY 818  
RUSTON, LA 71270

**Operator ID: 2191**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE F HUGHES  
2224 GREENWAY DRIVE  
ALEXANDRIA, LA 71301-3005

**Operator ID: 5211**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER D HUGHES  
4579 HWY. 818  
RUSTON, LA 71270

**Operator ID: 7017**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH J HUKILL  
61280 KINGS ARMS DRIVE  
LACOMBE, LA 70445

**Operator ID: 9551**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER D HULL  
7766 PINE BLUFF RD EAST  
DENHAM SPRINGS, LA 70726

**Operator ID: 2193**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES B HUMPHRIES  
2600 FOXXWOOD DRIVE  
RUSTON, LA 71270

**Operator ID: 10022**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERAME W HUNT  
9016 CEDAR SPRING  
DENHAM SPRINGS, LA 70720

**Operator ID: 29066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL T HUNT  
21019 ED HILL ROAD  
FRANKLINTON, LA 70438

**Operator ID: 31887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATHY M HUNTER  
2103 11TH STREET  
KENNER, LA 70062

**Operator ID: 11529**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT HUNTER  
1200 CRESCENT ST  
MONROE, LA 71202

**Operator ID: 2199**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME T HUNTER  
5519 JEFF DAVIS DR  
ALEXANDRIA, LA 71301

**Operator ID: 32268**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MORRIS T HUNTER  
2919 REGENT STREET  
SHREVEPORT, LA 71109

**Operator ID: 8946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY HUNTLEY  
600 MAIN STREET  
GUEYDAN, LA 70542

**Operator ID: 7356**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD B HURST  
2235 AUBINWOOD DRIVE  
BATON ROUGE, LA 70816

**Operator ID: 31888**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MADONNA HUTCHINSON  
POST OFFICE BOX 222  
ROSEDALE, LA 70772

**Operator ID: 8761**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP HUTTO  
7691 HWY 17  
WINNSBORO, LA 71295

**Operator ID: 5999**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE P HYMEL  
18218 RIVER ROAD  
LAPLACE, LA 70068

**Operator ID: 2210**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GUY J HYMEL, JR  
58640 HWY 404  
WHITE CASTLE, LA 70788

**Operator ID: 2213**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LANCE D HYMEL  
3338 HWY 44  
RESERVE, LA 70084

**Operator ID: 33527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROSE INGALLS  
12755 HWY. 465  
LEESVILLE, LA 71446

**Operator ID: 20509**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY N INGRAHAM  
P O BOX 614  
PORT SULPHUR, LA 70083

**Operator ID: 8454**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY C INGRAM, JR  
5298 HWY 565  
JONESVILLE, LA 71343

**Operator ID: 11192**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R INGRAM  
221 W. THOMAS  
SULPHUR, LA 70663

**Operator ID: 8344**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN E INMAN  
8722 PINEHAVEN DR.  
KEITHVILLE, LA 71047

**Operator ID: 11603**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNTON B IRISH, JR  
8713 WEST WILDERNESS WAY  
SHREVEPORT, LA 71106

**Operator ID: 12176**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REOLAND J ISAAC  
1634 SOUTHLAWN BLVD  
NEW ORLEANS, LA 70114

**Operator ID: 2223**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L ISENBERG  
1320 FOURTH AVE  
PICAYUNE, MS 39466

**Operator ID: 2225**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSIE A ISIDORE  
1203 W 1ST ST #A  
BELLE CHASE, LA 70037

**Operator ID: 6715**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R IVEY  
520 CR 330  
DEBERRY, TX 75639

**Operator ID: 12227**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN W JACK  
1212 HUDSON BLVD  
ALEXANDRIA, LA 71302

**Operator ID: 6648**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE JACKSON, III  
2205 HWY 75  
ST. GABRIEL, LA 70780

**Operator ID: 10161**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS C JACKSON  
233 ADONIS WAY  
TERRY TOWN, LA 70056

**Operator ID: 10833**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AVONDALE L JACKSON  
POST OFFICE BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 10981**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARDELL JACKSON  
8586 TYSON ROAD  
RODESSA, LA 71069

**Operator ID: 11904**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEWANA K JACKSON  
785 HWY 763  
MANSFIELD, LA 71052

**Operator ID: 13215**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD JACKSON  
2649 VIRGINIA COLONY  
LAPLACE, LA 70068

**Operator ID: 14566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH L JACKSON  
1005 WESLEY CIRCLE  
WOODWORTH, LA 71485

**Operator ID: 18766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD C JACKSON  
1575 DAVIS ST  
BAKER, LA 70714

**Operator ID: 2238**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDDIE L JACKSON  
1155 HYMES RD  
NATCHITOCHES, LA 71457

**Operator ID: 2240**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VANDERBILL JACKSON  
PO BOX 932  
HAHNVILLE, LA 70057

**Operator ID: 2242**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS JACKSON  
3130 N ROCHE BLAVE ST  
NEW ORLEANS, LA 70117-6425

**Operator ID: 2247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE E JACKSON, III  
114 TIMBER RIDGE DR  
RAEFORD, NC 28376

**Operator ID: 2249**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JANET E JACKSON  
4428 FAIRWAY DRIVE  
SHREVEPORT, LA 71109

**Operator ID: 26447**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL JACKSON, JR  
11 LAGI ST  
LAPLACE, LA 70068

**Operator ID: 32926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L JACKSON  
910 5TH  
BENTON, LA 71006

**Operator ID: 33746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CASEY E JACKSON  
107 SUNDANCE DR  
RUSTON, LA 71270

**Operator ID: 37049**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL JACKSON, SR  
3834 HWY 44  
MOUNT AIRY, LA 70076

**Operator ID: 5012**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND T JACKSON  
8876 WAKEFIELD AVE  
BATON ROUGE, LA 70806

**Operator ID: 5348**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY C JACKSON  
1216 NORTH 44TH STREET  
BATON ROUGE, LA 70802

**Operator ID: 6649**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE D JACKSON  
17061 HOSSTON RODESSA RD  
RODESSA, LA 71069

**Operator ID: 6650**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEWIS E JACKSON  
505 ST. JAMES STREET  
DERIDDER, LA 70634

**Operator ID: 6651**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN A JACKSON, JR  
POST OFFICE BOX 1172  
OBERLIN, LA 70655

**Operator ID: 8609**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE H JACOB  
270 JACOB KNOTTS RD  
CASTOR, LA 71016

**Operator ID: 2251**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANKIE J JACOBS  
300 GRANT DR  
MONROE, LA 71203

**Operator ID: 11368**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID G JACOBS  
922 AVE L  
BOGALUSA, LA 70427

**Operator ID: 2253**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLYDE L JAMES  
276 OLD RIVER ROAD  
ALEXANDRIA, LA 71302

**Operator ID: 11051**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARTHUR L JAMES  
19728 OLD BONITA ROAD  
BONITA, LA 71223

**Operator ID: 11814**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA JAMES  
4244 E BURTON ST  
SULPHUR, LA 70663

**Operator ID: 2261**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SARGON JAMES  
30 MARS PL.  
NEW ORLEANS, LA 70125

**Operator ID: 2262**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE W JAMES  
6737 OAK LAKE DR  
SULPHUR, LA 70665

**Operator ID: 2264**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD E JAMES  
212 TUDOR ST  
HOUMA, LA 70364

**Operator ID: 28146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CONARD JAMES  
1626 KING DR  
NEW ORLEANS, LA 70122

**Operator ID: 5665**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL D JAMES, SR  
102 BRENDA DRIVE  
HAMMOND, LA 70403

**Operator ID: 7313**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT L JAMES  
6075 ROLLING ACRES  
BAKER, LA 70714

**Operator ID: 7656**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS M JANICE  
715 E. BUTCHER SWITCH RD  
LAFAYETTE, LA 70512

**Operator ID: 25009**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HORACE JASON, III  
3236 GENERAL COLLINS ST  
LAKE CHARLES, LA 70615

**Operator ID: 5694**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT JEANE  
323 TISON ROAD  
COLFAX, LA 71417

**Operator ID: 2276**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY C JEANE  
P O BOX 343  
SLAGLE, LA 71475

**Operator ID: 4947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIUS J JEANSONNE  
4810 ANCHOR DRIVE  
NEW IBERIA, LA 70560

**Operator ID: 2278**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOY M JEFFERSON  
106 BLUE JAY DR  
MONROE, LA 71203

**Operator ID: 17867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E JENKINS  
9628 L WILLIAMS RD  
CLINTON, LA 70722

**Operator ID: 13389**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN W JENKINS, JR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 2285**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTIAN L JENKINS  
58525 NATS ALLEY  
PLAQUEMINE, LA 70764

**Operator ID: 29546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANETTE JENKINS  
845 GALVEZ ST  
MANDEVILLE, LA 70448

**Operator ID: 4963**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PALMER JENKINS  
302 NORTH LA STREET  
ABBEVILLE, LA 70510

**Operator ID: 7795**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME R JENNINGS  
1772 PAVILLION DR  
IOWA, LA 70647-4124

**Operator ID: 10971**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

IRA JENNINGS  
1107 SUMMERLIN LANE  
BASTROP, LA 71220

**Operator ID: 2286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE G JENNINGS  
440 BELLE VUE  
LOCKPORT, LA 70374

**Operator ID: 4978**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER JENNINGS  
242 FRAZER  
LAKE CHARLES, LA 70605

**Operator ID: 8094**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUBERT A JERRY  
919 PARK CIRCLE  
OPELOUSAS, LA 70570

**Operator ID: 15546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH E JESELINK  
385 PLATTIS LANDING RD  
BERNICE, LA 71222

**Operator ID: 2288**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH JETER  
1514 SHORT STREET  
OLLA, LA 71465

**Operator ID: 24466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH JOE  
110 GRIGGS  
LAFAYETTE, LA 70506

**Operator ID: 7556**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEONARD M JOFFRION  
7414 HIGHWAY 1 SOUTH  
DONALDSONVILLE, LA 70346

**Operator ID: 8610**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN L JOHNESE  
2585 VALLEY STREET  
BATON ROUGE, LA 70808

**Operator ID: 10785**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON C JOHNS  
601 TEAL CIRCLE  
WEST MONROE, LA 71291

**Operator ID: 11862**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY JOHNSON  
2930 MUNICIPAL PIER ROAD  
SHREVEPORT, LA 71119

**Operator ID: 10024**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER C JOHNSON  
POST OFFICE BOX 6161  
LAKE CHARLES, LA 70606

**Operator ID: 10163**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE L JOHNSON  
435 BEEHIVE LOOP  
SINGER, LA 70660

**Operator ID: 10255**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY W JOHNSON  
6369 HAWKS ROAD  
LEESVILLE, LA 71446

**Operator ID: 10473**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK D JOHNSON  
2617 1/2 LAHARPE ST  
NEW ORLEANS, LA 70119

**Operator ID: 10605**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN T JOHNSON  
40473 BLACK BAYOU EXT  
GONZALES, LA 70737

**Operator ID: 10630**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES JOHNSON  
1011 WINFIELD ROAD  
PRINCETON, LA 71067

**Operator ID: 10750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH J JOHNSON  
201 TINY CT  
SLIDELL, LA 70460

**Operator ID: 10958**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN B JOHNSON  
POST OFFICE BOX 921  
ALBANY, LA 70711

**Operator ID: 11054**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE JOHNSON  
14576 HWY 10  
CLINTON, LA 70722

**Operator ID: 11415**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS L JOHNSON  
153 WOODWORTH AVENUE  
WOODWORTH, LA 71485

**Operator ID: 12706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARL J JOHNSON  
PO BOX 1916  
RUSTON, LA 71273

**Operator ID: 15566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE JOHNSON, JR  
5174 LAKEVIEW CT  
NEW ORLEANS, LA 70126

**Operator ID: 20409**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY L JOHNSON  
3342 LITTLE FARMS DRIVE  
ZACHARY, LA 70791

**Operator ID: 2297**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L JOHNSON  
1002-31ST ST  
KENNER, LA 70065

**Operator ID: 2300**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH D JOHNSON, JR  
P O BOX 482  
SCOTT, LA 70583

**Operator ID: 2303**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN C JOHNSON  
14587 CARROLL AVE  
WALKER, LA 70785

**Operator ID: 2307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL M JOHNSON  
900 PENNINGTON LANE  
RUSTON, LA 71270

**Operator ID: 2311**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN E JOHNSON  
2054 CYPRESS CREEK ROAD  
OAKDALE, LA 71463

**Operator ID: 2315**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONDOL B JOHNSON  
275 FINLAND PL  
NEW ORLEANS, LA 70131

**Operator ID: 2322**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R JOHNSON  
953 WARD LANE  
PRINCETON, LA 71067

**Operator ID: 2326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY L JOHNSON  
POST OFFICE BOX 82  
MINDEN, LA 71055

**Operator ID: 2329**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERL JOHNSON  
14848 HOLLY RIDGE ROAD  
JONES, LA 71250

**Operator ID: 2330**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MONTY W JOHNSON  
1038 MS DAISYS DR  
SULPHUR, LA 70665

**Operator ID: 26207**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHEMICO L JOHNSON  
204A IRIS ST  
THIBODAUX, LA 70301

**Operator ID: 28166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH W JOHNSON  
227 MCMANUS DR  
EUNICE, LA 70535

**Operator ID: 30109**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD E JOHNSON  
439 GREENMOORE RD  
STARKS, LA 70661

**Operator ID: 32246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELTON JOHNSON  
410 VICTORY ST  
BUNKIE, LA 71322

**Operator ID: 4979**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN M JOHNSON  
506 KEES CIRCLE  
LAFAYETTE, LA 70506

**Operator ID: 5476**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD B JOHNSON  
1622 BLOOD BEND ROAD  
ST. LANDRY, LA 71367

**Operator ID: 6519**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J JOHNSON  
155 C DEES RD  
DERIDDER, LA 70634

**Operator ID: 6523**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN K JOHNSON  
27072 TEENY WEENY LANE  
FOLSOM, LA 70437

**Operator ID: 6829**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAMELLA O JOHNSON  
1027 BODCAU STATION ROAD  
HAUGHTON, LA 71037-9573

**Operator ID: 6830**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D JOHNSON  
6355 FEDERAL 80  
RAYVILLE, LA 71269

**Operator ID: 7446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MITCHELL J JOHNSON  
399 AVERY MITCHELL PVT RD  
YOUNGSVILLE, LA 70592

**Operator ID: 7889**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FELIX R JOHNSON  
607 DONALDSON  
DRY PRONG, LA 71423

**Operator ID: 7898**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WADE F JOHNSON  
44350 E. VILLAR JR ROAD  
PRAIRIEVILLE, LA 70769

**Operator ID: 8784**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY JOHNSON  
5646 SATINWOOD DRIVE  
BATON ROUGE, LA 70812

**Operator ID: 9056**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT G JOHNSTON  
216 LETON CUTOFF ROAD  
SHONGALOO, LA 71072

**Operator ID: 5004**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH W JOHNSTON  
404 E KRAUSE STREET  
WESTLAKE, LA 70669-4814

**Operator ID: 6120**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIEG A JOINER  
56081 HWY 445  
HUSSER, LA 70442

**Operator ID: 16666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE JOLLA, JR  
325 BAYOU DRIVE  
FERRIDAY, LA 71334

**Operator ID: 4964**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY P JONES  
185 JONES RD  
PLAIN DEALING, LA 71064

**Operator ID: 10257**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUDY G JONES  
185 JONES ROAD  
PLAIN DEALING, LA 71064

**Operator ID: 12228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON W JONES  
810 TOWNSLEY RD  
DERIDDER, LA 70634

**Operator ID: 12307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A JONES  
38101 HOPE VILLA DR  
PRAIRIEVILLE, LA 70769

**Operator ID: 14787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN E JONES  
850 WAFER RD  
SALINE, LA 71070

**Operator ID: 15586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY J JONES  
1630 RAVIER LN  
SUNSHINE, LA 70780

**Operator ID: 18027**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEMETRIUS E JONES  
7610 MOREL ST  
NEW ORLEANS, LA 70128

**Operator ID: 20410**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILFRED JONES  
150 NORTHLOOP  
LAFAYETTE, LA 70506

**Operator ID: 21026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELIZABETH H JONES  
8800 SOUTH CLAIBORNE AVEN  
NEW ORLEANS, LA 70065

**Operator ID: 2362**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD A JONES  
PO BOX 771  
JENA, LA 71342

**Operator ID: 2371**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K JONES  
407 INCARNATE WORD  
KENNER, LA 70065

**Operator ID: 2373**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY M JONES  
18324 CREP BRUMFIELD RD  
MANDEVILLE, LA 70448

**Operator ID: 2374**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANKIE J JONES  
POST OFFICE BOX 176  
5941 BROADWAY  
PIONEER, LA 71266

**Operator ID: 2376**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFFORD L JONES  
147 LEON THOMAS RD  
RUSTON, LA 71270

**Operator ID: 2377**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARCHIE L JONES  
P O BOX547  
CULLEN, LA 71021

**Operator ID: 2382**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L JONES  
416 OAK STREET  
MANSFIELD, LA 71052

**Operator ID: 2383**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD F JONES, II  
3492 US HWY 171  
STONEWALL, LA 71078

**Operator ID: 25766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILBERT JONES  
604 BEATRICE STREET  
HOUMA, LA 70363

**Operator ID: 2870**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MYRON J JONES  
PO BOX 203  
ST JAMES, LA 70086

**Operator ID: 30586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON K JONES  
214 ACADIA RD  
CHATHAM, LA 71226

**Operator ID: 34148**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY S JONES  
1904 MARK ST  
LAKE CHARLES, LA 70607

**Operator ID: 36168**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL T JONES  
26088 FALLEN OAKS DRIVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 5153**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK L JONES  
80 CABUCK LANE  
RAYVILLE, LA 71269

**Operator ID: 5544**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS C JONES, JR  
4714 SULLIVAN STREET  
BOSSIER, LA 71111

**Operator ID: 5681**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BEN JONES, JR  
139 TILLOU ANDRUS DR  
OPELOUSAS, LA 70570

**Operator ID: 5804**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R JONES, JR  
7317 REDD RD  
FALLS CHURCH, VA 22043-2709

**Operator ID: 5847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DON P JONES  
106 POTOMAC  
BOGALUSA, LA 70427

**Operator ID: 5900**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

JOHNNY JONES  
4943 SCHINDLER DRIVE  
NEW ORLEANS, LA 70127

**Operator ID: 6065**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

DONALD R JONES  
2908 CONCORDIA DRIVE  
LAPLACE, LA 70068

**Operator ID: 6348**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY L JONES  
P O BOX 471  
URANIA, LA 71480

**Operator ID: 6531**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EMANUEL F JONES  
512 VIRGIL STREET  
LAKE PROVIDENCE, LA 71254

**Operator ID: 6584**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH H JONES  
76 LEE STREET  
FRANKLIN, LA 70538

**Operator ID: 6653**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURY JONES  
124 CARLTON DR  
LAFAYETTE, LA 70501

**Operator ID: 7519**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

BRODERICK N JONES  
6155 CEDAR GROVE DR  
BATON ROUGE, LA 70812

**Operator ID: 7634**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MYRON G JONES  
922 6TH ST  
LAKE CHARLES, LA 70601

**Operator ID: 8597**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILIP C JORDAN  
148 RUBY DR  
ANACOCO, LA 71403

**Operator ID: 26787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

WILLIE H JORDAN  
3701 SANDY LANE  
HARVEY, LA 70058

**Operator ID: 32929**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

DALE O JORDAN  
518 WEST HOOVER STREET  
DESTREHAN, LA 70047

**Operator ID: 5714**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHANIEL W JOSEPH  
974 MONTGOMERY RD #4  
OPELOUSAS, LA 70570

**Operator ID: 10476**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY JOSEPH  
6618 ESTATE LANE  
LAKE CHARLES, LA 70607

**Operator ID: 31266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LANCE G JOSEPH  
1673 AGRICULTURE  
NEW ORLEANS, LA 70119

**Operator ID: 32930**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY JOSEPH, SR  
136 LAKE RIDGE DRIVE  
LAPLACE, LA 70068

**Operator ID: 6341**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERRY JOSEPH, JR  
715 BREAUX DRIVE  
LAPLACE, LA 70068

**Operator ID: 7131**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN P JOSEPH  
518 PERRY DRIVE  
ABBEVILLE, LA 70510

**Operator ID: 7900**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN J JUBE, JR  
12059 ARC RD  
COVINGTON, LA 70435

**Operator ID: 10574**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN J JUDERMAN  
6510 SHREVEPORT HWY  
PINEVILLE, LA 71360

**Operator ID: 2400**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J JUDICE  
1300 MARIE STREET  
RAYNE, LA 70578

**Operator ID: 6534**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY JUDICE  
405 FELECIE DRIVE  
LAFAYETTE, LA 70506

**Operator ID: 9188**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN D JUNOT  
7626 SOUTH RIVER ROAD  
ADDIS, LA 70710

**Operator ID: 6934**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANKIE G JUPITER  
1015 ALANTIC AVE  
NEW ORLEANS, LA 70114

**Operator ID: 35402**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KAWIKA K KAAI  
312 1/2 NINTH STREET  
MORGAN CITY, LA 70380

**Operator ID: 11884**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY KAIGLER, SR.  
1433 LIZARDI ST.  
NEW ORLEANS, LA 70117

**Operator ID: 35398**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID KALNASY, JR  
264 RYAN RD  
BENTON, LA 71006

**Operator ID: 22026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK J KANE  
100 CAPRI COURT  
HOUMA, LA 70364

**Operator ID: 32946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MEHTAP N KANKILIC  
8155 JEFFERSON HWY  
APT 1301  
BATON ROUGE, LA 70809

**Operator ID: 9581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN P KAUFFER  
211 COLONEL BURT  
BENTON, LA 71006

**Operator ID: 11846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS C KAUFMAN  
1820 1/2 LOWERLINE ST  
NEW ORLEANS, LA 70118

**Operator ID: 2406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD C KAY  
5575 KAYLEIGH RIDGE LN  
IOWA, LA 70647

**Operator ID: 6926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK L KEADLE  
201 OLYMPIC DRIVE  
LAFAYETTE, LA 70506

**Operator ID: 10558**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENDA D KEARNS  
3300 BAYOU D'LNDE ROAD  
WESTLAKE, LA 70669

**Operator ID: 2409**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R KEEN  
507 MAGNOLIA ST  
DERIDDER, LA 70634

**Operator ID: 18786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRACY E KELL  
3545 CYPRESS LANE  
PAULINA, LA 70763

**Operator ID: 24046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHELBY D KELLEY  
8925 HWY 167 SOUTH  
RUSTON, LA 71273

**Operator ID: 10576**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIE M KELLEY  
38985 TYLER BALLARD ROAD  
WALKER, LA 70785

**Operator ID: 12407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER S KELLEY  
426 BRENDA DR  
DENHAM SPRING, LA 70726

**Operator ID: 2422**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM G KELLEY  
117 BILL KELLEY ROAD  
DODSON, LA 71422

**Operator ID: 2428**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TYRONE KELLY, SR  
POST OFFICE BOX 2451  
ST FRANCISVILLE, LA 70775

**Operator ID: 10808**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J KELLY  
13366 AUBON RUN DR  
WALKER, LA 70785

**Operator ID: 11833**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIRGINIA S KELLY  
1100 SOUTH ST VALERIE  
ABBEVILLE, LA 70510

**Operator ID: 20926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL J KELLY  
5540 CHRISTIAN LANE  
NEW ORLEANS, LA 70126

**Operator ID: 2426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA D KENNEDY  
13123 WHITE ROAD  
NORWOOD, LA 70761

**Operator ID: 11467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W KENNEDY, JR  
3218 ARDIS TAYLOR  
SHREVEPORT, LA 71118

**Operator ID: 17126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN W KENNEDY  
201 HOLIDAY BLVD STE 150  
COVINGTON, LA 70433-5013

**Operator ID: 2434**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH KENNEDY  
140 OLEANDER DR  
APT 4  
WEST MONROE, LA 71291

**Operator ID: 4961**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARIO D KENNEDY  
3515 CLAIBORNE STREET  
METAIRIE, LA 70001

**Operator ID: 8259**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERRY L KEOWEN  
11827 PHEASANTWOOD DRIVE  
BAKER, LA 70714

**Operator ID: 11792**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK J KERR  
P.O. BOX 96016  
BATON ROUGE, LA 70896-9016

**Operator ID: 4960**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON M KERRY  
1326 LOUIS  
SHREVEPORT, LA 71108

**Operator ID: 11892**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY R KEY  
919 BETHUNE ST  
MONROE, LA 71202

**Operator ID: 2444**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMI I KHALIL  
1808 CLAUDIUS ST  
METAIRIE, LA 70005

**Operator ID: 20806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PETER G KIDDER  
1090 BAYOU FUSELIER ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 11057**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRUDY H KIGGANS  
4391 PINE RIDGE DRIVE  
BATON ROUGE, LA 70809

**Operator ID: 10650**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OTTO J KILBOURNE  
POST OFFICE BOX 132  
WILSON, LA 70789

**Operator ID: 11390**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PRESTON KILLCREASE  
POST OFFICE BOX 637  
DENHAM SPRINGS, LA 70727-0637

**Operator ID: 2448**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE T KILPATRICK  
POST OFFICE BOX 954  
JENNINGS, LA 70546

**Operator ID: 11783**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY L KINCHEN  
P. O. BOX 1883  
ALBANY, LA 70711

**Operator ID: 6537**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN L KING  
3020 TALL TIMBERS ROAD  
BATON ROUGE, LA 70816

**Operator ID: 11793**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYLON C KING  
2602 SCOTT ST  
NEW IBERIA, LA 70563

**Operator ID: 20966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD KING  
6281 MAXWELL ROAD  
BASTROP, LA 71220

**Operator ID: 2461**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS M KING  
265 SKYLER DRIVE  
GLOSTER, LA 71030

**Operator ID: 8952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND KINLER, JR  
2309 JUDY DR.  
MERAUX, LA 70075

**Operator ID: 2466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL J KINLER  
177 LAKEWOOD DRIVE  
LULING, LA 70070

**Operator ID: 8028**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY KIRK  
141 E. PARK CIRCLE  
LAKE CHARLES, LA 70611

**Operator ID: 10419**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICK E KITZMILLER  
6620 MEADOW RIDGE LANE  
LAKE CHARLES, LA 70605

**Operator ID: 31246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD R KLEINPETER  
38600 DAVID DRIVE  
PRAIREVILLE, LA 70769

**Operator ID: 8617**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD KLINE, JR  
609 ALLEN STREET  
TALLULAH, LA 71282

**Operator ID: 10252**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL K KLITZKE  
13779 FOUR FORKS ROAD  
KEITHVILLE, LA 71047

**Operator ID: 11905**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALAN M KNIGHT  
P.O. BOX 35800  
ATTENTION: ELIZABETH SMITH  
WEST MONROE, LA 71294-5800

**Operator ID: 16747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY D KNIGHT  
518 FIFTH STREET  
MORGAN CITY, LA 70380

**Operator ID: 2481**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARRY W KNIGHT  
20111 JONES LANE  
PONCHATOULA, LA 70454

**Operator ID: 2482**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIE KNIGHT  
6212 LA HWY 1  
BATCHELOR, LA 70715

**Operator ID: 25768**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KRISTOPHER M KNIGHT  
144 J K SIMMONS RD  
POLLOCK, LA 71467

**Operator ID: 25769**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD L KNIGHTON, JR  
1901 NORMAND AVE  
BOSSIER CITY, LA 71112

**Operator ID: 5306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L KNOX  
2190 HWY 2 ALTERNATE  
HAYNESVILLE, LA 71038

**Operator ID: 5576**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J KOENENN  
POST OFFICE BOX 601  
KILN, MS 39556

**Operator ID: 10775**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A KOENIG  
P.O. BOX 569  
PRAIRIEVILLE, LA 70769

**Operator ID: 10888**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BETTY G KOPP  
337 JESSIE JONES DRIVE  
BENTON, LA 71006

**Operator ID: 8186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K KORANEK  
31531 LINDER RD LOT 99  
DENHAM SPRINGS, LA 70726

**Operator ID: 10933**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY J KOSS  
P O BOX 1133  
MANY, LA 71449

**Operator ID: 6205**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS F KOVAR  
217 RUE GRAND CHENE  
THIBODEAUX, LA 70301

**Operator ID: 14207**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD G KOZAN, JR  
13938 KIMBLETON AVE  
BATON ROUGE, LA 70817

**Operator ID: 2491**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD A KRAEMER  
P O BOX 126  
PARADIS, LA 70080

**Operator ID: 10953**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RHONDA S KRATZER  
3500 HOUSTON RIVER RD  
WESTLAKE, LA 70669

**Operator ID: 9639**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY A KREAMER  
POST OFFICE BOX 831  
BATON ROUGE, LA 70804

**Operator ID: 5149**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE H KRESS  
1318 SPANISH DRIVE  
SULPHUR, LA 70665

**Operator ID: 9420**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTY L KRISCHKE  
6643 LONG LEAF TRACE  
BALL, LA 71405

**Operator ID: 8618**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARY A KROPOG  
804 TRANSCONTINENTAL  
METAIRIE, LA 70001

**Operator ID: 5623**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PENNI L KUHN  
219 LEON ST APT 22  
BROUSSARD, LA 70518

**Operator ID: 19132**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC K KULCKE  
4121 POPLAR GROVE DR  
ADDIS, LA 70710

**Operator ID: 19106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACKIE R LABAUVE  
3698 SLIGO ROAD  
HAUGHTON, LA 71037

**Operator ID: 2509**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN J LABICHE  
1004 SOUTH AVENUE E  
CROWLEY, LA 70526

**Operator ID: 8619**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER J LABORDE  
PO BOX 612  
SIMSPORT, LA 71369

**Operator ID: 25366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD J LABOULIERE  
3880 HWY 448  
GREENSBURG, LA 70441

**Operator ID: 25308**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D LABOVE  
6470 URSAN DR  
SULPHUR, LA 70665-7663

**Operator ID: 11699**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD K LABOVE  
1635 LITTLE CHENIER ROAD  
CREOLE, LA 70632

**Operator ID: 12746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT M LACAZE  
6963 HIGHWAY 463  
PITKIN, LA 70656

**Operator ID: 11581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES A LACAZE  
1372 JOHNSON CHUTE RD  
NATCHITOCHES, LA 71457

**Operator ID: 2512**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA S LACOMBE  
5817 HABEEB DR  
ALEXANDRIA, LA 71301

**Operator ID: 12747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL F LACOMBE  
2570 FOURNERAT ROAD  
EUNICE, LA 70535

**Operator ID: 2502**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH LADEK, JR  
5900 STRATFORD PLACE  
NEW ORLEANS, LA 70131

**Operator ID: 2518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID K LADNER  
51167 HWY 436  
FRANKLINTON, LA 70438

**Operator ID: 6164**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH A LAFEVERS  
712 WEST 7TH ST  
KAPLAN, LA 70548

**Operator ID: 25966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS P LAFITTE  
2981 HWY 177  
PELICAN, LA 71063

**Operator ID: 6544**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND LAFLEUR  
2112 DELAWARE AVENUE  
KENNER, LA 70062

**Operator ID: 7526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY J LAFOUNTAIN  
40074 LA HWY 3125  
PAULINA, LA 70763

**Operator ID: 7792**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARMAND LAGARDE  
1512 WAKEFIELD DR  
MARRERO, LA 70072-4415

**Operator ID: 7702**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRIS A LAGRANGE  
103 WEDGEWOOD  
SLIDELL, LA 70458

**Operator ID: 11059**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMIAN C LAICHE  
POST OFFICE BOX 1188  
LUTCHER, LA 70071

**Operator ID: 7132**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY W LAIR  
2017 HWY 531  
MINDEN, LA 71055

**Operator ID: 8621**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA D LAJAUNIE  
100 WOODLAND DR  
THIBODAU, LA 70301

**Operator ID: 10478**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUSTIN R LAJAUNIE  
123 PALMETTO LN  
THIBODAUX, LA 70301

**Operator ID: 12229**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MANMOHAN S LAL  
950 S FOSTER DR  
APT 11  
BATON ROUGE, LA 70806

**Operator ID: 32950**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM S LAMAISSON  
1403 THOMAS ST  
FRANKLIN, LA 70538

**Operator ID: 5072**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY M LAMBERT  
9490 RAMBO ROAD  
ST AMANT, LA 70774

**Operator ID: 2534**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE T LAMKIN  
212 J ISANDIFER RD  
DRY PRONG, LA 71423

**Operator ID: 36169**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD A LAMPO, JR  
145 FAMILY ST  
DES ALLEMANS, LA 70030

**Operator ID: 32446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY N LAMSON  
1459 S JACKSON  
MORSE, LA 70559

**Operator ID: 27826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH D LANCLOS  
551 SIGFROI ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 12748**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C LANCLOS, JR  
2513 JUDY  
DR  
MERAUX, LA 70075

**Operator ID: 2536**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN P LANDAICHE  
14385 BRENT WOOD CT  
GONZALES, LA 70737

**Operator ID: 5761**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENT J LANDECHE  
817 BARBER RD  
PARADIS, LA 70080

**Operator ID: 2538**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN H LANDRUM  
412 AREA 4 ROAD  
WEST MONROE, LA 71292

**Operator ID: 2543**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHIRLEY R LANDRUM  
412 AREA 4 ROAD  
WEST MONROE, LA 71292

**Operator ID: 7427**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN K LANDRUM  
412 AREA 4 ROAD  
WEST MONROE, LA 71292

**Operator ID: 7428**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FOSTER J LANDRY  
1100 HWY 304  
THIBODAUX, LA 70301

**Operator ID: 10261**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELTON S LANDRY  
508 MALVERN  
RAYNE, LA 70578

**Operator ID: 10698**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES LANDRY  
1203 E VILLIEN STREET  
ABBEVILLE, LA 70510

**Operator ID: 11060**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOBIE M LANDRY  
104 STEPHANIE STREET  
NEW IBERIA, LA 70560

**Operator ID: 11843**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID L LANDRY  
104 SUN VILLAGE DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 13070**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS D LANDRY  
2571 PATTERSON RD  
TORBERT, LA 70762

**Operator ID: 13390**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEMMY J LANDRY, JR  
116 MORRIS LN  
PORT SULPHUR, LA 70083

**Operator ID: 24887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON P LANDRY  
2725 ROSEDALE RD  
PORT ALLEN, LA 70767

**Operator ID: 2544**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARION J LANDRY  
PO BOX 368  
BALDWIN, LA 70514

**Operator ID: 2550**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GABRIEL J LANDRY  
3804 SHANE STREET  
NEW IBERIA, LA 70560

**Operator ID: 2551**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURT G LANDRY  
7078 MIRE HWY  
CHURCH POINT, LA 70525

**Operator ID: 2556**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY V LANDRY  
125 SOUTHWOOD DR.  
BOSSIER CITY, LA 71111

**Operator ID: 2561**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADDIS J LANDRY, JR  
1022 RIDGEFIELD RD  
THIBODAUX, LA 70301

**Operator ID: 2566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY J LANDRY  
1495 HWY 308 SOUTH  
DONALDSONVILLE, LA 70346

**Operator ID: 32951**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIA C LANDRY  
6118 MAIR RD  
NEW IBERIA, LA 70560

**Operator ID: 5122**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MAX B LANDRY  
32358 DUNN ROAD  
DENHAM SPRINGS, LA 70726

**Operator ID: 6313**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J LANDRY  
1507 DUSON AVE  
OPELOUSAS, LA 70570

**Operator ID: 6314**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BURLEY J LANDRY  
1529 HIGHWAY 317  
FRANKLIN, LA 70538

**Operator ID: 7163**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL A LANDRY  
304 LIVE OAK  
LAFAYETTE, LA 70503

**Operator ID: 8030**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GENERAL A LANE  
P O BOX 77  
GRAND CANE, LA 71032-0124

**Operator ID: 6030**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A LANE  
110 NORTH OAK  
VIDALIA, LA 71373

**Operator ID: 8623**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA B LANEUX  
122 CLEARWATER CIR  
WEST MONROE, LA 71291

**Operator ID: 30791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALLAS J LANG  
75057 BONNIE LANE  
COVINGTON, LA 70435

**Operator ID: 11701**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SID P LANGE  
17924 PELICAN ROAD  
ERATH, LA 70533

**Operator ID: 9116**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES A LANGLINAIS  
PO BOX 914  
YOUNGSVILLE, LA 70592

**Operator ID: 2803**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON L LANGLINAIS  
1023 FORTUNE RD  
YOUNGSVILLE, LA 70592

**Operator ID: 36457**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WHITNEY A LANGLOIS, JR  
17252 GREENWELL SPRING RD  
CENTRAL, LA 70739-4008

**Operator ID: 2577**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD E LANGSTON  
PO BOX 160  
GREENSBURG, LA 70441

**Operator ID: 2578**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D LANGSTON  
106 SANDERS ST  
PINEVILLE, LA 71360

**Operator ID: 27307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT H LANIER  
73178 WEST GIVENS RD  
KENTWOOD, LA 70444

**Operator ID: 36170**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKEY J LAPINE  
52371 ALESSI RD  
INDEPENDENCE, LA 70443

**Operator ID: 2582**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY R LAPORTE  
45404 STRINGER BRIDGE RD  
ST AMANT, LA 70774

**Operator ID: 12033**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID S LAPRARIE  
1420 EFFIE HWY  
DEVILLE, LA 71328

**Operator ID: 36479**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT J LAPRIME  
2233 VENUS PL  
VIOLET, LA 70092

**Operator ID: 10096**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CANTRELLE D LARKINS  
4730 EAST ADAMS COURT  
NEW ORLEANS, LA 70128

**Operator ID: 6086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICHOLAS A LARKS  
11101 RIEGER ROAD  
APT 215  
BATON ROUGE, LA 70809

**Operator ID: 20009**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN T LAROUSSE  
23098 SOUTH ROSARY STREET  
VACHERIE, LA 70090

**Operator ID: 11309**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD D LARSON JR  
9865 MEADOW LANE  
DENHAM SPRINGS, LA 70706

**Operator ID: 19886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W LARSON  
PO BOX 161  
CHURCHPOINT, LA 70525

**Operator ID: 7164**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD F LASSEIGNE  
101 LARIS DRIVE  
RACELAND, LA 70394

**Operator ID: 12749**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRK A LASSEIGNE  
1016 PAULA DR  
ST MARTINVILLE, LA 70582

**Operator ID: 2595**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH D LASSIEN  
617 E MCNEESE ST  
LAKE CHARLES, LA 70607

**Operator ID: 31306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD C LASTRAPES  
821 CAPRI ALLEY  
UNIT 2  
OPELOUSAS, LA 70570

**Operator ID: 7025**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R LASYONE  
92 ROBERT GOLEMAN RD  
ELMER, LA 71424

**Operator ID: 2597**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON S LATIGUE  
406 9 TH ST  
FRANKLIN, LA 70538

**Operator ID: 27046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY J LATIOLAIS  
106 PRYTANIA DRIVE  
LAFAYETTE, LA 70503

**Operator ID: 2599**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STACEY S LAUGHLIN  
P O BOX 385  
ANACOCO, LA 71403

**Operator ID: 16607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN LAURENT  
2440 DEERWOOD CT  
HARVEY, LA 70058

**Operator ID: 20411**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY R LAVERGNE  
712 N JOHNSON ST  
SULPHUR, LA 70663

**Operator ID: 28357**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CASEY E LAVERGNE  
207 CRESTLINE DR  
LAFAYETTE, LA 70507

**Operator ID: 29486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERVIN D LAVESPERE, SR  
4400 BAYOU TOUREAU RD  
ST LANDRY, LA 71367

**Operator ID: 2610**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANNY W LAVIGNE  
708 HWY 1085  
MADISONVILLE, LA 70447

**Operator ID: 2611**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD LAVOIE  
8800 SOUTH CLAIBORNE AVEN  
NEW ORLEANS, LA 70118

**Operator ID: 8861**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEBASTIAN L LAWHON  
P O BOX 732  
PLAQUAMINE, LA 70765

**Operator ID: 14226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADRIENNE S LAWRENCE  
PO BOX 73  
STERLINGOTN, LA 71280

**Operator ID: 36308**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COREY A LAWSON  
2308 PROVIDENCE ST  
BASTROP, LA 71220

**Operator ID: 11469**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LIONEL K LAWSON  
3731 SHAFFETT LANE  
ZACHARY, LA 70791

**Operator ID: 2621**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP J LAY  
3346 S HAZEL ST  
LOT 1  
ARCADIA, LA 71001

**Operator ID: 18826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON J LAY  
39791 MARK COURT  
PONCHATOULA, LA 70454

**Operator ID: 8324**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW P LAYSSARD  
POST OFFICE BOX 46  
OTIS, LA 71466

**Operator ID: 2624**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON K LEACH  
117 WHITE OAK  
BENTON, LA 71006

**Operator ID: 26466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN LEACH  
POST OFFICE BOX 81875  
LAFAYETTE, LA 70598-1875

**Operator ID: 2649**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN S LEACHMAN  
744 JONESBORO RD  
ARCADIA, LA 71001

**Operator ID: 31766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN S LEBLANC  
POST OFFICE BOX 92531  
LAFAYETTE, LA 70509

**Operator ID: 10171**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN M LEBLANC  
2248 RIVERSIDE DRIVE  
PORT ALLEN, LA 70767

**Operator ID: 10632**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MAURICE J LEBLANC, JR  
20073 RIVER CREST DR  
HAMMOND, LA 70403

**Operator ID: 11123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON M LEBLANC  
15470 HIGHWAY 3235  
CUT OFF, LA 70345

**Operator ID: 11369**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BERNARD A LEBLANC  
29523 RICHARDSON DR  
HOLDEN, LA 70744

**Operator ID: 13687**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SETH M LEBLANC  
8490 M'S COVE  
SORRENTO, LA 70778

**Operator ID: 25186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY J LEBLANC  
1123 GASSEN STREET  
LULING, LA 70070

**Operator ID: 25787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY J LEBLANC  
611 PALUMBO ST  
SULPHUR, LA 70663

**Operator ID: 2653**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J LEBLANC  
4731 WELLAND AVENUE  
PORT ALLEN, LA 70767

**Operator ID: 2656**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM C LEBLANC  
510 SHADY LAKE PARKWAY  
BATON ROUGE, LA 70810

**Operator ID: 2659**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES LEBLANC  
191 OAKWOOD DR  
MANDEVILLE, LA 70448

**Operator ID: 2664**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNDA M LEBLANC  
2712 E GEN WAINWRIGHT  
LAKE CHARLES, LA 70605

**Operator ID: 4982**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN P LEBLANC  
20 IMOGENE STREET  
WAGGAMAN, LA 70094

**Operator ID: 5288**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY J LEBLANC  
4218 AZALEA STREET  
NORWOOD, LA 70761

**Operator ID: 8038**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANCIS S LEBLANC, JR  
1191 LEED CHAMPAGNE ROAD  
ST MARTINVILLE, LA 70582

**Operator ID: 8096**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DIANA K LEBLANC  
5737 GENE LANE  
LAKE CHARLES, LA 70605

**Operator ID: 9400**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A LEBLANC  
POST OFFICE BOX 94  
FORDOCHE, LA 70732

**Operator ID: 9988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES M LEBON  
605 W LOGANS  
SULPHUR, LA 70663

**Operator ID: 2637**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS D LEBOUF  
17522 HWY 102  
JENNINGS, LA 70591

**Operator ID: 6274**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH L LEBOUF  
1837 SOUTH BEND ROAD  
LAKE CHARLES, LA 70605

**Operator ID: 9599**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J LECOMPTE  
102 TALBOT DR  
HOUMA, LA 70360

**Operator ID: 5550**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J LEDET  
208 MADEWOOD PLACE  
THIBODAU, LA 70301

**Operator ID: 2674**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN A LEDET  
3836 EDENBORN STREET  
METAIRIE, LA 70002

**Operator ID: 2675**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER J LEDET  
402 RAINTREE TRAIL  
LAFAYETTE, LA 70501

**Operator ID: 6129**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J LEDET, SR  
137 CRAFTSMAN RD  
CARENCRO, LA 70520

**Operator ID: 8039**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY L LEDFORD  
746 ROCK CORNER RD  
DUBACH, LA 71235

**Operator ID: 6098**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON D LEDOUX  
POST OFFICE BOX 548  
IOTA, LA 70543

**Operator ID: 10820**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY R LEE  
4240 LITTLE HOPE DR  
ADDIS, LA 70710

**Operator ID: 10439**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDREW W LEE  
28391 HIGHWAY 603  
PERKINSTON, MS 70459

**Operator ID: 2683**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE M LEE  
175 JESSE LEE RD  
SHONGALOO, LA 71072

**Operator ID: 2685**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONZEE E LEE  
PO BOX 580  
MINDEN, LA 71055

**Operator ID: 2686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK E LEE  
33083 PETEPS ST  
ABITA SPRINGS, LA 70420

**Operator ID: 2698**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R LEE  
POST OFFICE BOX 730  
KENNER, LA 700630730

**Operator ID: 2699**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS P LEE  
POST OFFICE BOX 156  
AMITE, LA 70422

**Operator ID: 5317**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM LEE, SR  
4528 PINEHILL RD  
SHREVEPORT, LA 71107

**Operator ID: 5831**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD L LEE  
140 COVERED L. ROAD  
BERNICE, LA 71222

**Operator ID: 6183**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND LEE, JR  
P O BOX 661  
RACELAND, LA 70394

**Operator ID: 6907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH C LEGE  
8415 WOODLAWN ROAD  
MAURICE, LA 70555

**Operator ID: 2703**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE M LEGENDRE  
132 HWY 307  
THIBODAUX, LA 70301

**Operator ID: 25789**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIN J LEGER  
1629 EUNICE ST  
SULPHUR, LA 70663

**Operator ID: 16166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN R LEGER  
2250 ALLENE ST  
BRUSLY, LA 70719

**Operator ID: 2704**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W LEGER  
PO BOX 352  
LEONVILLE, LA 70551

**Operator ID: 6547**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE J LEGER  
2567 ABBEVILLE HWY  
RAYNE, LA 70578

**Operator ID: 8627**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW W LEGGETT  
PO BOX 1372  
JACKSON, LA 70748

**Operator ID: 7788**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KURT L LEGLUE  
PO BOX 3428  
PARADIS, LA 70080

**Operator ID: 2709**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAMMY M LEGNON  
1511 NORTH CUTTING AVENUE  
JENNINGS, LA 70546

**Operator ID: 2772**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY LEHR  
2168 LASALLE AVE  
GRETNA, LA 70053

**Operator ID: 2711**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL A LEJEUNE  
538 NEMENTO  
LAKE ARTHUR, LA 70549

**Operator ID: 11704**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANNON J LEJEUNE  
719 GRAND COULEE ROAD  
IOTA, LA 70543

**Operator ID: 11864**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VAN A LEJEUNE  
3815 CHRIS DR  
ADDIS, LA 70710

**Operator ID: 19906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CODY J LEJEUNE  
PO BOX 81  
TRAILER #142  
JENNINGS, LA 70546

**Operator ID: 26666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH R LEJEUNE  
400 S DAVID ST  
CHURCH POINT, LA 70525

**Operator ID: 2712**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK E LEJUNE, JR  
1378 GOLDEN ROAD  
SULPHUR, LA 70665

**Operator ID: 33826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL W LEMAIRE  
PO BOX 226  
PORT SULPHUR, LA 70083

**Operator ID: 2715**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN M LEMAIRE  
14045 LEON ROAD  
ABBEVILLE, LA 70510

**Operator ID: 36204**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

J R LEMOINE  
1016 LEMOINE LANE  
MOREAUVILLE, LA 73155

**Operator ID: 10841**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORRIS A LEMOINE, JR  
312 TASSIN ST  
MOREAUVILLE, LA 71355

**Operator ID: 10847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PENN A LEMOINE  
POST OFFICE BOX 373  
MOREAUVILLE, LA 71355

**Operator ID: 2721**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMMY A LEMOINE  
804 COUVILLION STREET  
MOREAUVILLE, LA 71355

**Operator ID: 2726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH A LEMOINE  
2705 HWY 1181  
PLAUCHEVILLE, LA 71362

**Operator ID: 7179**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL P LEMOINE  
8500 BLUEBONNET BLVD  
#16  
BATON ROUGE, LA 70810

**Operator ID: 7787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS R LENARD  
P O BOX 414  
210 FAILS RD  
CHATHAM, LA 71226

**Operator ID: 6005**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN M LENNIX  
1948 YORKTOWN DR  
LAPLACE, LA 70068

**Operator ID: 21546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYNELLE LENNIX  
1509 ENGLISH COLONY DR.  
LAPLACE, LA 70068

**Operator ID: 2730**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BURT A LEONARD, JR  
2161 HWY 71 SOUTH  
BUNKIE, LA 71322

**Operator ID: 10279**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY J LEONARD  
PO BOX 252  
MORGANZA, LA 70759

**Operator ID: 35986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON G LEONARD  
44049 NICHOLAS CIRCLE  
HAMMOND, LA 70403

**Operator ID: 36389**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A LEONARD  
PO BOX 97  
SINGER, LA 70660

**Operator ID: 6923**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LLOYD LEPRETRE  
6135 GRAND MARAIS RD  
JENNINGS, LA 70546

**Operator ID: 2739**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J LERAY  
P O BOX 630  
HOUMA, LA 70364

**Operator ID: 31946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M LEROUX  
331 FERN STREET  
NEW ORLEANS, LA 70118

**Operator ID: 32952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIRGINIA J LEWIS  
830 WHITE RD  
LAKE CHARLES, LA 70611

**Operator ID: 11261**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY P LEWIS  
4308 FOURCHON DRIVE  
BAKER, LA 70714

**Operator ID: 11419**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEAN P LEWIS  
P.O. BOX 607  
DES ALLEMANS, LA 70030

**Operator ID: 23426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT J LEWIS  
8507 HWY 14  
NEW IBERIA, LA 70560

**Operator ID: 2747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRI P LEWIS  
4216 RAYNE DRIVE  
NEW ORLEANS, LA 70122

**Operator ID: 32966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANNETTE M LEWIS  
1614 NORTH PINE STREET  
VIVIAN, LA 71082

**Operator ID: 33846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN LEWIS  
13022 NORTH PEACH ST  
VACHERIE, LA 70090

**Operator ID: 5339**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CORNELL L LEWIS  
1002 NICHOLS DR  
VIDALIA, LA 71373

**Operator ID: 6549**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOE D LEWIS  
3277 HWY 569  
FERRIDAY, LA 71334

**Operator ID: 9559**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON J LICCIARDI  
51105 HWY 443  
LORANGER, LA 70446

**Operator ID: 5775**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A LICCIARDI  
1241 KINGSWOOD ST  
WESTWEGO, LA 70094

**Operator ID: 6023**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLYDE E LINAM  
3289 CHATEAU BLVD  
KENNER, LA 70065

**Operator ID: 2761**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W LINDER  
6899 HWY 17  
WINNBORO, LA 71295

**Operator ID: 20011**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD LINDER  
5230 BENJAMIN STREET  
ALEXANDRIA, LA 71303

**Operator ID: 2765**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE L LINDSEY  
8877 SPRING RIDGE DRIVE  
KEITHVILLE, LA 71047

**Operator ID: 10672**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY D LINDSEY  
149 BARRY AVE  
JEFFERSON, LA 70121

**Operator ID: 2766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN F LINDSLY  
8564 ISLAND RD  
VENTRESS, LA 70783

**Operator ID: 10286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK LINDSLY, SR  
2678 TUTS LANE  
VENTRESS, LA 70783

**Operator ID: 9949**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN A LINK  
11911 SCENIC HWY  
BATON ROUGE, LA 70807-1318

**Operator ID: 8459**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH M LIPSCOMB  
121 N 2ND ST  
PONCHATOULA, LA 70454

**Operator ID: 34186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH J LISSARD  
5001 LOREAUVILLE ROAD  
NEW IBERIA, LA 70563

**Operator ID: 11430**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS W LITTLE  
1705 PALERMO DRIVE  
SULPHUR, LA 70663

**Operator ID: 12752**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RHONDA K LITTLE  
15595 SULPHUR SPRINGS RD  
BASTROP, LA 71220

**Operator ID: 6222**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W LITTLE  
208 CENTERVILLE  
DENHAM SPRINGS, LA 70706

**Operator ID: 6232**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CECIL S LITTLEJOHN  
PO BOX 563  
VIVIAN, LA 71082

**Operator ID: 7594**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD W LLOYD  
PO BOX 1194  
COVINGTON, LA 70434-1194

**Operator ID: 7369**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS P LOBELL  
9812 HAWTHORNE AVE  
RIVER RIDGE, LA 70123

**Operator ID: 2789**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS LOCANTRO  
701 LAKE AVE  
METAIRIE, LA 70005

**Operator ID: 2792**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID P LOCKETT  
320 SOUTH OLYMPIA STREET  
NEW ORLEANS, LA 70119

**Operator ID: 6066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL P LOCKWOOD  
500 MARILYN DRIVE  
MANDEVILLE, LA 70448

**Operator ID: 2793**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMIEN M LOCOCO  
122 GASSEN STREET  
LULING, LA 70070

**Operator ID: 8044**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY T LOFTON  
3325 E. TEXAS APT 319  
BOSSIER CITY, LA 71111

**Operator ID: 28847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OLIN J LOGUE, JR  
P. O. BOX 467  
MAMOU, LA 70554

**Operator ID: 22086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE LOMBARDO  
2220 ARAMIS DR  
MERAUX, LA 70075

**Operator ID: 2800**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME P LOMONACO, JR  
85553 DIAMONDHEAD DRIVE W  
DIAMONDHEAD, MS 39525

**Operator ID: 2797**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY C LONDON  
10759 SHADY GROVE  
WAKEFIELD, LA 70784

**Operator ID: 13212**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C LONG  
102 TREZEVANT ST.  
STERLINGTON, LA 71280

**Operator ID: 36313**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAL B LONG  
10810 MILLEDALE RD  
ZACHARY, LA 70791

**Operator ID: 6165**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNIE M LONIDIER  
P O BOX 3175  
PINEVILLE, LA 71361

**Operator ID: 2804**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C LOPEZ, SR  
2212 TORRES DR  
ST BERNARD, LA 70085

**Operator ID: 6746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE A LOPEZ  
POST OFFICE BOX 1774  
PATTERSON, LA 70392

**Operator ID: 7370**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS A LOUGON  
401 S 2ND STREET  
GUEYDAN, LA 70542-4417

**Operator ID: 10578**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOWARD P LOUPE  
117 EAST 12TH ST EXT  
RESERVE, LA 70084

**Operator ID: 21526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT M LOUPE  
16069 MICHELLI ROAD  
INDEPENDENCE, LA 70443

**Operator ID: 5712**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRELL J LOUVIERE  
1715 DAVID DRIVE  
LOT #2  
JEANERETTE, LA 70544

**Operator ID: 8737**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE A LOVE  
331 ANDREWS  
PINEVILLE, LA 71360

**Operator ID: 2819**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY LOVE  
16 COUNTRY CLUB DR  
LAPLACE DR, LA 70068

**Operator ID: 2821**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BEAUFORD L LOVELL  
301 ABES RD  
DRY PRONG, LA 71423

**Operator ID: 25791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RHONDA S LOVEWELL  
1610 ORIOLE ST  
BOSSIER CITY, LA 71112

**Operator ID: 5969**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERRY LOWE  
1871 CENTRAL LOOP  
ROBELINE, LA 71469

**Operator ID: 6656**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ABE LOWE, III  
43109 DOCKSIDE COURT  
PRAIRIEVILLE, LA 70769

**Operator ID: 8115**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY G LOWERY  
476 DUCHESNE LN  
COLUMBIA, LA 71418

**Operator ID: 20014**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN D LOWERY  
138 MCGEE DRIVE  
PATTERSON, LA 70392

**Operator ID: 2827**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST L LOWERY, JR  
3240 MUIRFIELD ST  
LAKE CHARLES, LA 70605

**Operator ID: 7151**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON H LUCY  
1794 HALE ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 28407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT F LUCY  
799 CHRISTY LANE  
SULPHUR, LA 70664-2119

**Operator ID: 8099**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R LUNEAU  
10570 PARKER ROAD  
ST FRANCISVILLE, LA 70775

**Operator ID: 11935**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE A LUQUETTE  
638 N. EZIDORE AVE  
GRAMERCY, LA 70052

**Operator ID: 33346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C LUTZ  
1800 BELMONT PLACE  
METAIRIE, LA 70001

**Operator ID: 2838**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY D LYLES  
2524 SCARLETT DRIVE  
LAKE CHARLES, LA 70611

**Operator ID: 16527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLYDE L LYONS  
2619 PERCHVILLE ROAD  
EUNICE, LA 70535

**Operator ID: 2841**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN D LYONS  
941 LESTER LYON RD  
SULPHUR, LA 70665

**Operator ID: 36469**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRINSKI J LYONS  
305 NORMAN DR  
LAFAYETTE, LA 70501

**Operator ID: 6658**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICHOLAS A MACALUSO, JR  
28575 RED OAK RD  
LIVINGSTON, LA 70754

**Operator ID: 2879**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W MACHEN  
617 BOOTH CUTOFF ROAD  
DOYLINE, LA 71023

**Operator ID: 11354**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY A MACK  
1737 FULTON STREET  
SHREVEPORT, LA 71103

**Operator ID: 8190**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEWAYNE A MADDEN  
11791 HWY 165 N  
STERLINGTON, LA 71280

**Operator ID: 36791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK L MADDIE, JR  
462 WEST AVENUE  
HARAHAN, LA 70123

**Operator ID: 35626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD MADRIGAL  
P O BOX 63  
TURKEY CREEK, LA 70585

**Operator ID: 36181**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SALVADOR MAFFEI, JR  
4204 GIRARD ST  
METAIRIE, LA 70001

**Operator ID: 23446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRANT R MAGNON  
PO BOX 13572  
ALEXANDRIA, LA 71302

**Operator ID: 2892**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID P MAHNER, JR  
42 WEST IMPERIAL DRIVE  
HARAHAN, LA 70123

**Operator ID: 11865**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID P MAHNER, SR  
4125 MEADOWDALE ST.  
METAIRIE, LA 70002

**Operator ID: 2896**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W MAHONEY  
441 KENDALL RIDGE CT  
WEST MONROE, LA 71292

**Operator ID: 7430**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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Center for Environmental Health Services

**INVOICE**

ARTHUR J MAILLET  
1201 W ESPLANADE AVE  
APT 115 JEFFERSON HWY  
KENNER, LA 70065

**Operator ID: 10836**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID MAINS  
331 CEDAR LANE  
MANY, LA 71449

**Operator ID: 11709**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER L MAINS  
4415 MARTHAVILLE ROAD  
MANY, LA 71449

**Operator ID: 12767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY G MAJORIA  
8704 ROSECREST LANE  
RIVER RIDGE, LA 70123

**Operator ID: 6721**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN J MALLET  
233 RILEY ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 7028**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN E MALLET  
215 SIMON COVE LANE  
JENNINGS, LA 70546

**Operator ID: 2904**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EVERETT L MALONE  
BOX 438  
IOTA, LA 70543

**Operator ID: 5226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY C MALONE  
P O BOX 447  
CHENEYVILLE, LA 71325

**Operator ID: 9139**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY MANCUSO  
22181 GREENWELL SPRINGS R  
GREENWELL SPRINGS, LA 70739

**Operator ID: 8855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES T MANDOSIA  
4217 ILLINOIS AVE  
SHREVEPORT, LA 71109

**Operator ID: 2914**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BLAISE A MANGANO  
PO BOX 991  
PEARL RIVER, LA 70452

**Operator ID: 2917**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK B MANGANO  
2380 SUNSET  
SLIDELL, LA 70461

**Operator ID: 29466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEMETRIUS MANNING  
PO BOX 1257  
WEST MONORE, LA 71294

**Operator ID: 24248**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN J MANOTAS  
18671 SCIVIQUE LANE  
DENHAM SPGS, LA 70726

**Operator ID: 2924**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILFRED J MANUEL  
2107 SUGARMILL RD  
NEW IBERIA, LA 70563

**Operator ID: 2928**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LLOYD G MANUEL  
554 PARK RD  
KINDER, LA 70648

**Operator ID: 2931**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID M MANUEL  
37390 OAK HILLS DR  
DENHAM SPRINGS, LA 70706

**Operator ID: 36511**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VICKI S MANUEL  
601 RUE DES ETOILES  
CARENCRO, LA 70520

**Operator ID: 8630**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

QIANA T MAPLE  
3500 MILAM ST  
APT# W204  
SHREVEPORT, LA 71109

**Operator ID: 11334**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLTON R MAPLES  
POST OFFICE BOX 204  
PLEASANT HILL, LA 71065

**Operator ID: 8631**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BUFORD R MARBURY  
16236 FRENCHTOWN ROAD  
GREENWELL SPRINGS, LA 70739

**Operator ID: 7785**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GILBERT MARCELIN  
926 BOHNE RD  
PORT ALLEN, LA 70767

**Operator ID: 25311**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R MARCHAL  
104 PARK AVE  
NEW ROADS, LA 70760

**Operator ID: 2935**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL D MARCHIAFAVA  
18342 WEATHERWOOD  
BATON ROUGE, LA 70816

**Operator ID: 2939**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSK W MARCOTTE  
501 OAK POINT DRIVE  
LAPLACE, LA 70068

**Operator ID: 10835**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL V MARCOTTE  
1152 COCOVILLE ROAD  
MANSURA, LA 71350

**Operator ID: 11067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN J MARCOTTE  
160 NATION LANE  
CENTERPOINT, LA 71323

**Operator ID: 11069**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILIP R MARCOTTE  
159 LAUREL STREET  
MARKSVILLE, LA 71351

**Operator ID: 5381**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE S MARKER  
7657 KURTHWOOD ROAD  
LEESVILLE, LA 71446

**Operator ID: 18866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH A MARKEY  
9136 CARTER CIR  
DENHAM SPRINGS, LA 70726

**Operator ID: 25129**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL A MARRIOTT  
P.O. BOX 393  
HORNBECK, LA 71439

**Operator ID: 33786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAY R MARSHALL  
1322 HWY 858  
DELHI, LA 71232

**Operator ID: 2945**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE J MARSHALL  
P O BOX 933  
VINTON, LA 70668

**Operator ID: 2946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERRILL D MARSHALL  
1111 LULING ESTATE DRIVE  
LULING, LA 70070

**Operator ID: 6908**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME A MARSHALL  
P.O. BOX 770137  
NEW ORLEANS, LA 70117

**Operator ID: 7483**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT J MARTARONA, III  
PO BOX 35  
LONGVILLE, LA 70652

**Operator ID: 31267**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SYBIL C MARTIN  
8925 HWY 167 S  
RUSTON, LA 71270

**Operator ID: 16526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNY L MARTIN  
309 TIMBERLANE DR  
SLIDELL, LA 70458

**Operator ID: 18886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN D MARTIN  
9186 EDNA LANE  
GONZALES, LA 70737

**Operator ID: 25011**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH J MARTIN  
P O BOX 418  
MELVILLE, LA 71353

**Operator ID: 25709**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES G MARTIN  
15529 EL RANCHITOS AVENUE  
PRIDE, LA 70818

**Operator ID: 2952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J MARTIN  
6358 DOUBLE TREE CT  
BATON ROUGE, LA 70817-8915

**Operator ID: 2953**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C MARTIN  
806 HUNTWYCK CIRCLE  
SLIDELL, LA 70460

**Operator ID: 2955**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY L MARTIN  
605 W. 68TH  
SHREVEPORT, LA 71106-2925

**Operator ID: 2958**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY D MARTIN  
605 WESTSIDE ST  
HOMER, LA 71040

**Operator ID: 2964**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY M MARTIN  
9021 ROSECREST LANE  
RIVER RIDGE, LA 70123

**Operator ID: 5739**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN A MARTIN  
P O BOX 478  
115 CHEROKEE  
PORT BARRE, LA 70577

**Operator ID: 6512**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD J MARTIN  
8022 ED LEJEUNE STREET  
ADDIS, LA 70710

**Operator ID: 6659**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY R MARTIN  
9568 FOSTER ROAD  
BATON ROUGE, LA 70811

**Operator ID: 8050**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEWEL C MASON, JR  
9295 WATSON DRIVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 29326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FLOYD E MASON, JR  
P.O. BOX 133  
238 SECOND ST  
KROTZ SPRINGS, LA 70750

**Operator ID: 2973**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

JIM G MASON  
1552 BLUNT MILL ROAD  
GRAND CANE, LA 71032

**Operator ID: 7877**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

MICHAEL O MASSEY  
205 BISCAYNE DR  
WEST MONROE, LA 71291

**Operator ID: 17586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOANNE L MASSONY  
608 PARK RIDGE DR  
RIVER RIDGE, LA 70123

**Operator ID: 1683**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN P MATHERNE  
244 GUIDRY ST.  
BOURG, LA 70343

**Operator ID: 2980**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT R MATHERNE  
1013 DITCH AVE  
MORGAN CITY, LA 70380

**Operator ID: 2984**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES L MATHERNE  
21470 HWY 20 WEST  
VACHERIE, LA 70090

**Operator ID: 9021**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DIRK M MATHERNE  
144 DIXIE DRIVE  
DES ALLEMANDS, LA 70030

**Operator ID: 9379**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD K MATTE  
5983 BLACKBERRY LN  
BUFORD, GA 30518

**Operator ID: 2990**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE S MATTHEWS  
39490 MORSE CEMETERY RD  
PONCHATOULA, LA 70454

**Operator ID: 19137**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOANNIE MATTHEWS  
575 MANUEL RD  
NOBLE, LA 71462

**Operator ID: 33426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUANITA F MATTINGLY  
201 DIANE ST  
HOUMA, LA 70360

**Operator ID: 2998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN M MATURIN  
7701 MAIN HIGHWAY  
ST MARTINVILLE, LA 70582

**Operator ID: 28358**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA D MAXEY  
614 SAM HEAD RD  
EROS, LA 71238

**Operator ID: 20826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARTHUR H MAY  
231 GARR ROAD  
RUSTON, LA 71270

**Operator ID: 7194**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY J MAYERS  
43196 MARSHALL BOURGEOIS  
GONZALES, LA 70765

**Operator ID: 8140**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E MAYEUX  
12433 SOUTH PALMER LANE  
PORT ALLEN, LA 70767

**Operator ID: 11563**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH A MAYEUX  
845 N BAYOU DES GLAISES  
MOREAUVILLE, LA 71355

**Operator ID: 3007**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH P MAYFIELD  
143 MOONRAKER DRIVE  
SLIDELL, LA 70458

**Operator ID: 10689**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE M MAYNOR  
410 S BARKLEY  
IOWA, LA 70647

**Operator ID: 36495**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTIN G MAYO  
1323 LION S CAMP RD  
ANACOCO, LA 71403

**Operator ID: 3013**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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Center for Environmental Health Services

**INVOICE**

CONSTANCE J MAYO  
3500 HOUSTON RIVER RD  
WESTLAKE, LA 70669

**Operator ID: 9759**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY J MAYON  
920 SYCAMORE ST  
MORGAN CITY, LA 70380

**Operator ID: 3014**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFF MAYS  
221 OAKWOOD DR  
LAKE CHARLES, LA 70605

**Operator ID: 26208**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATHEW M MCACY  
7820 JAY ST  
METAIRIE, LA 70003

**Operator ID: 7449**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD M MCADAMS  
2700 WINIFRED ST  
METAIRIE, LA 70003-1953

**Operator ID: 6722**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD C MCALISTER  
POST OFFICE BOX 671  
INDEPENDENCE, LA 70443

**Operator ID: 3053**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C MCCAIN  
6941 HWY 1  
SHREVEPORT, LA 71107

**Operator ID: 8964**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEELAWRENCE MCCALL  
828 FERGUSON ROAD  
DELHI, LA 71232

**Operator ID: 8327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY R MCCARTHY  
P O BOX 5337  
BOSSIER CITY, LA 71111-5337

**Operator ID: 34206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON L MCCARTNEY  
552 GRAND OAKS DR  
SHREVEPORT, LA 71106

**Operator ID: 8045**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARROD B MCCARTNEY  
PO BOX 1301  
COUSHATTA, LA 71019

**Operator ID: 8046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

W C MCCARTY  
2873 HWY 1228  
WINNFIELD, LA 71483

**Operator ID: 5993**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN G MCCAULEY  
4930 MCHUGH DRIVE  
ZACHARY, LA 70791

**Operator ID: 3058**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENISE M MCCLAIN  
4017 RYE ST  
UNIT A  
METAIRIE, LA 70002

**Operator ID: 20146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES MCCLAY  
58250 MERIAM ST  
PLAQUEMINE, LA 70764

**Operator ID: 3061**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID M MCCLUNG  
705 TEXACO STREET  
NEW IBERIA, LA 70563

**Operator ID: 8635**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY W MCCLURE  
7280 TOTEM ROAD  
VIVIAN, LA 71082

**Operator ID: 8191**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SETH J MCCONATHY, JR  
289 JOHN S GILL RD  
DERRIDER, LA 70634

**Operator ID: 25727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VERA S MCCORRISTIN  
275 RUSSELL ROAD  
CALHOUN, LA 71225

**Operator ID: 28767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY P MCCORRISTIN  
275 RUSSELL ROAD  
CALHOUN, LA 71225

**Operator ID: 28768**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANA J MCCOY  
4275 HWY 155  
COUSHATTA, LA 71019

**Operator ID: 5748**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARLAND Z MCCRACKEN  
1245 HWY 1240  
MONTGOMERY, LA 71454

**Operator ID: 11267**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE E MCCULLY  
134 BIRCH ST  
LULING, LA 70070

**Operator ID: 29668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS J MCCULLY  
POST OFFICE BOX 461  
DES ALLEMANS, LA 70030

**Operator ID: 3066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD M MCCURRY  
1348 LANSE DE TATE ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 8637**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY K MCDANIEL  
P O BOX 505  
TULLOS, LA 71479

**Operator ID: 24166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL J MCDANIEL  
6706 SUNMEADOW LANE  
LAKE CHARLES, LA 70605

**Operator ID: 8341**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD G MCDONALD  
715 MAPLE ST  
DENHAM SPRINGS, LA 70726

**Operator ID: 12128**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES P MCDONALD  
122 RIVER RD  
STERLINGTON, LA 71280

**Operator ID: 14227**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY M MCDONALD  
2295 OKALOOSA RD  
EROS, LA 71238

**Operator ID: 26789**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS G MCDONALD  
2575 TULIP STREET  
BOSSIER, LA 71112

**Operator ID: 29606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN E MCDONALD  
1854 PUMP STATION ROAD  
MANY, LA 71449

**Operator ID: 6156**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELLIS E MCDONALD  
1483 EBENEZER RD  
FLORIEN, LA 71429-1483

**Operator ID: 6881**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENT D MCGEE  
161 A.J. LANE  
POLLOCK, LA 71467

**Operator ID: 11940**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH D MCGEE  
340 MOSS POINT DRIVE  
BOYCE, LA 71409

**Operator ID: 11960**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS R MCGEHEE  
10735 SHOE CREEK DR  
BATON ROUGE, LA 70818

**Operator ID: 3079**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY W MCGILL  
142 EGAN STREET  
SHREVEPORT, LA 71104

**Operator ID: 8965**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JORDAN P MCGREGOR  
1846 FOX RUN DR  
APT 3  
LAKE CHARLES, LA 70605

**Operator ID: 36183**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL B MCGUFFEE  
813 REX ROAD  
HARRISONBURG, LA 71340

**Operator ID: 6259**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH S MCGUIRE  
55 STAIRWAY OAKS  
NEW ORLEANS, LA 70131

**Operator ID: 11405**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELLY P MCHUGH  
845 GALVEZ ST  
MANDEVILLE, LA 70433

**Operator ID: 8343**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS J MCINERNEY  
122 WISTERIA LANE  
MANDEVILLE, LA 70448

**Operator ID: 3085**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE E MCINTYRE  
P.O. BOX 975  
INDEPENDENCE, LA 70443

**Operator ID: 28006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L MCKAY  
7057 HWY 8  
BENTLEY, LA 71407

**Operator ID: 5132**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM MCKEEL  
P. O. BOX 972  
FERRIDAY, LA 71334

**Operator ID: 5815**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONRELL MCKENZIE  
6090 TUSCANY LN  
SORRENTO, LA 70778

**Operator ID: 11471**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GILBERT J MCKENZIE  
28 MARY ST.  
MADISONVILLE, LA 70447

**Operator ID: 5833**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALTON C MCKEY  
2900 PEOPLES AVENUE  
NEW ORLEANS, LA 70122

**Operator ID: 10607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID E MCKEY  
5841 JANE MARIE STREET  
ZACHARY, LA 70791

**Operator ID: 11713**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STANLEY F MCKINNEY  
5408 HOLLYHOCK LANE  
BOSSIER CITY, LA 71112

**Operator ID: 10742**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC D MCLEAN  
PO BOX 557  
LULING, LA 70070

**Operator ID: 29506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M MCLEMORE  
105 CAMP T.L. JAMES RD  
DOWNSVILLE, LA 71234

**Operator ID: 10271**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL D MCLEMORE, II  
104 OAK DOWNS  
PEARL RIVER, LA 70452

**Operator ID: 7204**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENDALL N MCLEOD  
28860 GEORGE WHITE ROAD  
HOLDEN, LA 70744

**Operator ID: 11961**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H MCLEOD  
2901 ENGLISH COLONY DR  
LAPLACE, LA 70068

**Operator ID: 26228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY E MCLEOD  
POST OFFICE BOX 455  
HOLDEN, LA 70744

**Operator ID: 7134**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REGINALD P MCMASTERS  
25505 HARVEY ROAD  
FRANKLINTON, LA 70438

**Operator ID: 12449**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY L MCMULLEN, JR  
34 MARTHA DR  
MONROE, LA 71203

**Operator ID: 14228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PENNY MCNEAL  
112 LAFOURCHE RD  
BREAUX BRIDGE, LA 70517

**Operator ID: 20886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY S MCNEW  
POST OFFICE BOX 7237  
MONROE, LA 71211

**Operator ID: 6585**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNY L MCQUEEN  
1108 HIGHLAND DRIVE  
PICAYUNE, MS 39466

**Operator ID: 6350**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH W MCQUITTY  
2021 CAMBRONNE ST  
NEW ORLEANS, LA 70118

**Operator ID: 3050**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY D MCRAE  
143 MASSEY ROAD  
LEESVILLE, LA 71446

**Operator ID: 11585**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES B MCREYNOLDS  
2401 BROOKLAWN DRIVE  
BATON ROUGE, LA 70807

**Operator ID: 8460**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

SHAWN K MCTOPY  
39380 KEAGHEY RD  
PONCHATOULA, LA 70454

**Operator ID: 25986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY E MCVAY  
727 UNION CHURCH ROAD  
WINNSBORO, LA 71295

**Operator ID: 6518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**WATER PRODUCTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS J MEANS  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 12231**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TARQUIN D MEARIDY  
204 WEST JESSIE JONE ST  
COVINGTON, LA 70433

**Operator ID: 11269**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN J MEAUX  
123 PAIGE ST  
DUSON, LA 70529

**Operator ID: 7515**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON J MECHE  
213 SUNDOWN  
BROUSSARD, LA 70518

**Operator ID: 32646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD D MECHE  
1928 HIGGINBOTHAM HWY  
CHURCH POINT, LA 70525

**Operator ID: 5514**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON J MECHE  
109 SCHOEFFLER RD  
CARENCRO, LA 70520

**Operator ID: 7913**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDT MECHE  
5475 DEVORE DRIVE  
BATON ROUGE, LA 70811

**Operator ID: 9051**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN B MECUM  
121 MAGNOLIA CT  
LULING, LA 70070-3211

**Operator ID: 3103**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLENE MEGGS  
8149 W SAINT BERNARD HWY  
APT 4203  
NEW ORLEANS, LA 70043-4877

**Operator ID: 32666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHEAL G MEISSNER  
29999 LOWER ROME  
SPRINGFIELD, LA 70462

**Operator ID: 27126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN J MEISTER  
10414 ACY ROAD  
ST. AMANT, LA 70774

**Operator ID: 32366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WYADE M MELANCON  
2272 HWY. 44  
PAULINA, LA 70763

**Operator ID: 28668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERLIN MELANCON  
537 DEPRIMO LANE  
OPELOUSAS, LA 70570

**Operator ID: 5123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRK J MELANCON  
29090 HWY 644  
VACHERIE, LA 70090

**Operator ID: 8463**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARRIN R MELERINE  
2716 DEBOUCHEL BLVD  
MERAUX, LA 70075

**Operator ID: 3114**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW W MENARD  
1316 AMERICAN LEGION RD  
KAPLAN, LA 70548

**Operator ID: 24827**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAY P MENARD  
4127 VETERANS MEMORIAL DR  
ABBEVILLE, LA 70510

**Operator ID: 27767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JANET E MENARD  
105 BEAU CLOS LANE  
BROUSSARD, LA 70518

**Operator ID: 6663**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEENAN J MENARD  
110 WEST MENARD ROAD  
DUSON, LA 70529

**Operator ID: 7029**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHERILL J MENARD  
545 MENARD ROAD  
SULPHUR, LA 70665

**Operator ID: 8888**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY L MENARD  
6862 EARL ELLENDER RD  
SULPHUR, LA 70665

**Operator ID: 9603**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN MENOU  
1734 FISH HATCHERY ROAD  
NATCHITOCHES, LA 71457

**Operator ID: 3123**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADOLPH X MENUET, JR  
3615 EUCLID ST APT B  
HOUMA, LA 70364

**Operator ID: 35146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY D MEREDITH  
301 SHADY OAKS DR.  
WEST MONROE, LA 71291

**Operator ID: 24608**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L MERRITT  
POST OFFICE BOX 295  
SIBLEY, LA 71073

**Operator ID: 8055**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY T MERRITT  
109 WATSON LANE  
PATTERSON, LA 70392

**Operator ID: 8131**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD W MESSICK  
405 CASON ROAD  
COUSHATTA, LA 71019

**Operator ID: 10273**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE J MESSMER  
248 WOODWIND DRIVE  
HOUMA, LA 70360

**Operator ID: 10799**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINTEN R METHVIN  
29401 BURNS LANE  
WALKER, LA 70785

**Operator ID: 25147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JULIUS C METZ  
6191 METZ ROAD  
ST FRANCISVILLE, LA 70775

**Operator ID: 12124**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN B METZ  
10459 TUNICA TRACE  
ST FRANCISVILLE, LA 70775

**Operator ID: 17527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L METZ  
10542 OAKLEY TRACE DR  
BATON ROUGE, LA 70809-3320

**Operator ID: 8644**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW D MEVIS  
502 W SALE RD  
LAKE CHARLES, LA 70605

**Operator ID: 9194**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KERN M MEYERS  
107 OAK SHADOWS DR  
YOUNGSVILLE, LA 70592

**Operator ID: 12179**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BROUGHTON T MICHURA  
23333 PONY DRIVE  
ZACHARY, LA 70791

**Operator ID: 11564**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD W MICULEK  
315 TANIA ST  
GRAMERCY, LA 70052

**Operator ID: 14568**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MILTON R MIDKIFF  
2696 COOPER CHURCH RD  
LEESVILLE, LA 71446-5721

**Operator ID: 3136**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUANE MIGUEZ  
133 BAYOU ESTATES DRIVE  
DES ALLEMANS, LA 70030

**Operator ID: 7319**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL C MILAN  
POST OFFICE BOX 207  
MOORINGSPORT, LA 71060

**Operator ID: 8645**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW R MILAZZO  
11101 REIGER RD #416  
BATON ROUGE, LA 70809

**Operator ID: 28352**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY A MILES, SR  
1209 NORTH SUGAR RIDGE RO  
LAPLACE, LA 70068

**Operator ID: 5883**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN L MILFORD  
389 AUTUMN LAKES ROAD  
SLIDELL, LA 70461

**Operator ID: 11530**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD J MILLER  
166 PINE LANE  
OAKDALE, LA 71463

**Operator ID: 10276**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN M MILLER  
50310 PISCIOтта PLACE  
TICKFAW, LA 70466

**Operator ID: 10690**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEWELL MILLER, JR  
39229 OLD SAWMILL RD  
PONCHATOULA, LA 70454

**Operator ID: 14886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J MILLER  
8010 DOTY LN  
LAKE CHARLES, LA 70607

**Operator ID: 18906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN A MILLER  
1449 HWY 384  
LAKE CHARLES, LA 70607

**Operator ID: 19088**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK MILLER  
1722 N. CRESTVIEW DR  
LAKE CHARLES, LA 70605

**Operator ID: 22426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH S MILLER  
4464 HIGHLAND RD APT 201  
BATON ROUGE, LA 70808

**Operator ID: 24486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON R MILLER  
39401 PINE TREE LN  
MT. HERMON, LA 70450

**Operator ID: 30028**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERSON D MILLER  
1043 REDWOOD DRIVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 3143**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN R MILLER  
253 MAYO AVENUE  
HARAHAN, LA 70123

**Operator ID: 3146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL G MILLER  
POST OFFICE BOX 737  
LOREAUVILLE, LA 70552

**Operator ID: 3157**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK J MILLER  
906 EVERGREEN DR  
GRETNA, LA 70053

**Operator ID: 3161**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD J MILLER  
7033 HIGHWAY 182  
FRANKLIN, LA 70538

**Operator ID: 3163**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS MILLER  
214 S BOWERS  
IOWA, LA 70647

**Operator ID: 3165**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS MILLER  
2215 GENERAL COLLINS AVEN  
NEW ORLEANS, LA 70114

**Operator ID: 3167**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID O MILLER  
P.O. BOX 2592  
JENA, LA 71342

**Operator ID: 3169**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS P MILLER, JR  
12160 PREACHER POWELL RD  
CARRIERE, MS 39426

**Operator ID: 3170**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS L MILLER  
3500HOUSTON RIVER ROAD  
WESTLAKE, LA 70669

**Operator ID: 33446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY G MILLER  
1331 POOL ST  
MAMOU, LA 70554

**Operator ID: 6525**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CINDERELLA L MILLER  
7339 HWY 93  
ARNAUDVILLE, LA 70512

**Operator ID: 6776**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

ARNOLD L MILLER  
1107 BOURG STREET A  
HOUMA, LA 70360

**Operator ID: 6978**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE A MILLER  
8483 HWY 441  
AMITE, LA 70422

**Operator ID: 7135**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM T MILLER  
9502 BLISS RD  
BATON ROUGE, LA 70811

**Operator ID: 7738**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH S MILLER  
710 DYSON CREEK ROAD  
POLLOCK, LA 71467

**Operator ID: 8194**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD W MILLER, SR  
1315 SOUTHERN OAK DRIVE  
SULPHUR, LA 70665

**Operator ID: 8646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD J MILLET  
378 HESTER DR  
LAPLACE, LA 70068

**Operator ID: 3173**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL A MILLET, JR  
211 WEST SIXTH STREET  
GRAMERCY, LA 70052

**Operator ID: 3176**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DINAH S MILLET FOREMAN  
214 TRAVEL PATH RD  
ROGERSVILLE, AL 35652

**Operator ID: 6571**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL L MILLS  
126 SWEET POTATO RD  
RAYVILLE, LA 71418

**Operator ID: 6202**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE E MILLS  
417 HUNT RD  
RAGLEY, LA 70657-6103

**Operator ID: 8351**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REYNALDO L MILTON  
2314 17TH ST  
LAKE CHARLES, LA 70601

**Operator ID: 15786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNIE E MINOR  
304 DAVIDSON ST  
VIDALIA, LA 71373

**Operator ID: 3185**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE J MINOR  
455 ACORN ST  
SLIDELL, LA 70458

**Operator ID: 3186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN T MINVIELLE  
POST OFFICE BOX 163  
GRAMERCY, LA 70052

**Operator ID: 6522**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH A MIRABIN  
7634 WALES STREET  
NEW ORLEANS, LA 70126

**Operator ID: 6724**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

BRIAN G MIRANDA  
18492 PLANTATION BLVD  
PRAIRIEVILLE, LA 70769

**Operator ID: 3187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE A MIRE  
113 SENECA DR  
CHARENTON, LA 70523

**Operator ID: 25013**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN P MIRE, JR  
629 LOUISA ST  
MORGAN CITY, LA 70380

**Operator ID: 25793**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENIS T MIRE, SR  
2217 NORTH STARRETT ROAD  
METAIRIE, LA 70003

**Operator ID: 7316**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE A MITCHELL  
100 N ORLEANS DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 10172**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE L MITCHELL  
515 DILLON  
MANY, LA 71449

**Operator ID: 10641**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEON R MITCHELL, III  
28 CHEVALIER RD  
FOREST HILL, LA 71430

**Operator ID: 25014**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN W MITCHELL  
2901 SCHWING ROAD  
NEW IBERIA, LA 70560

**Operator ID: 5849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES H MITCHELL, JR  
1969 HWY 1230  
GEORGETOWN, LA 71467

**Operator ID: 7211**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE MITCHELL  
P O BOX 81  
15555 DEPOT STREET  
ROSEDALE, LA 70772

**Operator ID: 7212**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JON M MIXON  
PO BOX 1550  
AMITE, LA 70422

**Operator ID: 24727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS D MIXON  
P O BOX 1550  
AMITE, LA 70422

**Operator ID: 3201**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CAMILLE F MIZE  
1934 STRICKLAND ROAD  
RUSTON, LA 71270

**Operator ID: 6839**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH E MIZELL  
20520 HWY 40  
BUSH, LA 70431

**Operator ID: 28086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BAHRAM MOEINIAN  
228 EMERALD CRK W  
ABITA SPRINGS, LA 70420-3351

**Operator ID: 3207**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VIVIAN L MOFFETT  
1404 PEARL STREET  
HOMER, LA 71040

**Operator ID: 3208**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BUKAR MOHAMMED  
142 UNIVERSITY DR  
NATCHITOCHES, LA 71457

**Operator ID: 18406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN D MOLAISON  
519 MAPLE STREET  
THIBODEAUX, LA 70301

**Operator ID: 12150**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY G MOLBERT  
2201 OLD SPANISH TRAIL  
WESTLAKE, LA 70669

**Operator ID: 9406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEL MOLINA  
3316 DAUPHINE ST  
NEW ORLEANS, LA 70117

**Operator ID: 35390**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKEY J MOLLERE  
PO DRAWER 575  
LABADIEVILLE, LA 70372

**Operator ID: 3214**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J MOLLY  
144 CATHY DR  
DERIDER, LA 70634

**Operator ID: 40263**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PURVIS J MONCEAUX  
302 N MONCEAUX  
KAPLAN, LA 70548

**Operator ID: 3218**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES MONCEAUX  
904 HEBERT AVE.  
KAPLAN, LA 70548

**Operator ID: 5020**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLARENCE J MONET, JR  
1004 LENNON ST  
SLIDELL, LA 70461

**Operator ID: 8265**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS S MONITOR  
1530 EASTWOOD DR  
SLIDELL, LA 70459

**Operator ID: 3223**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JENNIFER S MONTALBANO  
P O BOX 1452  
MANY, LA 71449

**Operator ID: 24047**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKIE G MONTELARO  
PO BOX 8  
FORDACHE, LA 70732

**Operator ID: 3228**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHONNIE A MONTGOMERY  
520 SPRINGHILL LOOP  
POLLOCK, LA 71405

**Operator ID: 13210**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCOS A MONTI  
200 HERITAGE DR  
BOSSIER CITY, LA 71112

**Operator ID: 14788**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GWIN M MONTOU  
2415 HWY 93  
CARENCRO, LA 70520

**Operator ID: 5190**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H MOONEY  
1501 COVEY LANE  
LAKE CHARLES, LA 70605

**Operator ID: 14229**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FORREST C MOONEY  
POST OFFICE BOX 872  
ST FRANCISVILLE, LA 70775

**Operator ID: 8101**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHEAL W MOORE  
9585 GREAT SMOKEY AVENUE  
BATON ROUGE, LA 70814

**Operator ID: 10900**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID L MOORE  
800 S WALNUT STREET  
TALLULAH, LA 71282

**Operator ID: 11966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEKEVER S MOORE  
1708 ALINE AVENUE  
SHREVEPORT, LA 71107

**Operator ID: 28468**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM F MOORE  
1905 LUEBENIA RD  
CALHOUN, LA 71225

**Operator ID: 29026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY S MOORE  
116 EASTWOOD DRIVE  
HAUGHTON, LA 71037

**Operator ID: 3238**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHARON L MOORE  
14825 HWY 84  
LOGANSPOUT, LA 71049

**Operator ID: 35766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K MOORE  
262 PERRITT ROAD  
ARCADIA, LA 71001

**Operator ID: 36307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN S MOORE  
PO BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 5667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRICK A MOORE  
4168 LAC ST. PIERRE DR  
HARVEY, LA 70058

**Operator ID: 6725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY E MOORE, JR  
517 SCHLESSINGER ST  
ABBEVILLE, LA 70510

**Operator ID: 7376**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A MOORING  
619 GAYNELL DRIVE  
HOUMA, LA 70364

**Operator ID: 10901**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C MOORMAN  
70618 PROVOST LANE  
PEARL RIVER, LA 70452

**Operator ID: 3247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK L MORACE  
407 ASH ST  
VIDALIA, LA 71373

**Operator ID: 3249**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON P MOREAU  
PO BOX 664  
GONZALES, LA 70707

**Operator ID: 32686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY K MOREHEAD  
6305 MOSSWOOD  
MONROE, LA 71203

**Operator ID: 11373**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN J MORESI  
POST OFFICE BOX 181  
BROUSSARD, LA 70518

**Operator ID: 6527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP M MORGAN  
239 EVANS RD  
COUSHATTA, LA 71319

**Operator ID: 3264**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON G MORGAN  
1204 KLINE STREET  
DENHAM SPRINGS, LA 70726

**Operator ID: 3265**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEON MORGAN  
74 WEST CHALMETTE CIRCLE  
CHALMETTE, LA 70043-4327

**Operator ID: 5708**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK S MORGAN  
1476 HICKORY RIDGE DR  
LAKE CHARLES, LA 70611

**Operator ID: 9419**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN A MORICI  
604 OAK ST  
ST ROSE, LA 70087

**Operator ID: 3268**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLAN W MORRIS  
14395 BRENTWOOD CT  
GONZALES, LA 70737

**Operator ID: 15787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

RICHARD J MORRIS  
3970 GERSTNER MEMORIAL BL  
TRLR 64  
LAKE CHARLES, LA 70767-3893

**Operator ID: 21406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Center for Environmental Health Services

**INVOICE**

NATHAN E MORRIS  
6331 RODEO DRIVE  
BASTROP, LA 71220

**Operator ID: 24546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A MORRIS  
331 W. MAPLE AVE.  
EUNICE, LA 70535

**Operator ID: 29088**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARNOLD MORTON  
304 WEST LAFAYETTE ST  
ABBEVILLE, LA 70510

**Operator ID: 3281**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN W MORVANT  
GRAPHIC PACKAGE/E. SMITH  
P.O. BOX 35800  
WEST MONROE, LA 71294

**Operator ID: 20846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN J MOSE  
POST OFFICE BOX 183  
EVERGREEN, LA 71333

**Operator ID: 10285**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EVELYN D MOSE  
POST OFFICE BOX 47  
KINDER, LA 70648

**Operator ID: 11174**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HURLEY MOSE, JR  
2726 PERRON RD  
VILLE PLATTE, LA 70586

**Operator ID: 3284**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILSON U MOSES  
3965 HWY 29 EAST  
COTTONPORT, LA 71327-3812

**Operator ID: 5139**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CECIL MOSS  
127 HWY 146  
RUSTON, LA 71270

**Operator ID: 37050**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK D MOTT  
24205 JASE STREET  
PLAQUEMINE, LA 70764

**Operator ID: 7217**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE M MOUCH  
3985 WHITE OAK TRACE DR  
BATON ROUGE, LA 70817

**Operator ID: 25306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK G MOUCH  
59655 HWY 1148 LOT 131  
PLAQUEMINE, LA 70764

**Operator ID: 2942**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID H MOUGEOT  
13515 VENTRESS RD  
VENTRESS, LA 70783

**Operator ID: 7218**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL P MOULARD  
609 MARVIN GRAHAM LN  
MARKSVILLE, LA 71351

**Operator ID: 27326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R MOULTON  
10952 PROVIDENCE RD  
SHREVEPORT, LA 71129

**Operator ID: 5334**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK MOUNTS  
340 OAK ST  
DENHAM SPRINGS, LA 70726

**Operator ID: 3290**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC D MOUTON  
211 DOC DUHON STREET  
LAFAYETTE, LA 70501

**Operator ID: 10663**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDALL J MOUTON  
510 THEO ST  
APT C  
CARENCRO, LA 70520

**Operator ID: 26791**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COREY M MOUTON  
34111 CYPRESS POINT RD  
GUEYDAN, LA 70542

**Operator ID: 27827**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRACY N MOUTON  
113 NORMAN DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 8354**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERARD P MOUTON  
16037 PAINT AVENUE  
GREENWELL SPRINGS, LA 70739

**Operator ID: 9719**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS C MOWERS  
59 WEST CAROLINE  
CHALMETTE, LA 70043

**Operator ID: 3293**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNIE W MUDD  
5912 CANADA CT  
SHREVEPORT, LA 71107

**Operator ID: 26469**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C MUFFOLETTO  
P O BOX 444  
LYDIA, LA 70569

**Operator ID: 27486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN R MULHEARN  
8963 HAWTHORNE DRIVE  
SHREVEPORT, LA 71118

**Operator ID: 3297**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRBI L MULMORE  
22885 AIDAN RD  
PLAQUEMINE, LA 70764

**Operator ID: 12034**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M MUNLEY, JR  
6510 BRYCE CANYON DR S  
GREENWELL SPRINGS, LA 70739

**Operator ID: 19087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFORD E MURPHY  
503 HINES STREET  
GRAYSON, LA 71435

**Operator ID: 6276**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN MURPHY  
917 E AST VENABLE ST  
CHURCH POINT, LA 70525

**Operator ID: 8060**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD W MURRAY  
2740 ELIZABETH STREET  
MARRERO, LA 70072

**Operator ID: 3308**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R MURRAY, III  
6312 BORDER LANE  
SHREVEPORT, LA 71119

**Operator ID: 6843**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD N MURRELL  
PO BOX 19013  
LAKE CHARLES, LA 70616

**Operator ID: 15806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E MURRY  
62522 UNEEDUS TRACE ROAD  
AMITE, LA 70422

**Operator ID: 28336**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY D MUSGROVE  
9819 TOLEDO RD  
MER ROUGE, LA 71261

**Operator ID: 11606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JORDAN G MUSSO  
PO BOX 82213  
LAFAYETTE, LA 70598

**Operator ID: 23907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L MYERS  
2808 W PINHOOK # 11  
LAFAYETTE, LA 70508

**Operator ID: 10505**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY J MYERS  
811 DITCH AVENUE  
MORGAN CITY, LA 70380

**Operator ID: 11078**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD N MYERS  
1507 S MAIN STREET  
SPRINGHILL, LA 71075

**Operator ID: 3317**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GENE D MYERS  
44470 MYERS ROAD  
HAMMOND, LA 70403

**Operator ID: 3319**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K MYERS  
1124 HILMA STREET  
WESTLAKE, LA 70669

**Operator ID: 5684**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUISE B MYLES  
144 LUM LANE  
JENA, LA 71342

**Operator ID: 25846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID G MYLES  
144 LUM LANE  
JENA, LA 71342

**Operator ID: 7153**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY NAGEL  
P O BOX404  
GRETNA, LA 70053

**Operator ID: 3323**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES N NAQUIN  
25892 REGENCY AVENUE  
DENHAM SPRINGS, LA 70726

**Operator ID: 10902**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK R NAQUIN  
1434 TIGER DR  
THIBODAU, LA 70301

**Operator ID: 25847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FARON NAQUIN  
200 ELVIRA DRIVE  
RACELAND, LA 70394

**Operator ID: 3327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOBY M NAQUIN  
212 CIERA DRIVE  
HOUMA, LA 70364

**Operator ID: 7486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE NAQUIN  
118 BRENTWOOD DR  
BELLE CHASE, LA 70037

**Operator ID: 8391**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH J NARCISSE  
720 HOLLIER ROAD  
DUSON, LA 70529

**Operator ID: 8504**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD J NASH  
POST OFFICE BOX 82  
VACHERIE, LA 70090

**Operator ID: 3331**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY J NASSAR  
PO BOX 97  
SINGER, LA 70660

**Operator ID: 26792**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALLACE L NEAL  
PO DRAWER 400  
ST. FRANCISVILLE, LA 70775

**Operator ID: 3336**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN P NEAL  
9258 MONACO CT  
HOUMA, LA 70363

**Operator ID: 7636**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC J NEASON  
900 LAMARQUE ST  
NEW ORLEANS, LA 70114

**Operator ID: 6094**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A NEELY  
2016 SANDRA AVENUE  
METAIRIE, LA 70003

**Operator ID: 36449**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN A NEILSON  
POST OFFICE BOX 853  
MANSFIELD, LA 71052

**Operator ID: 11521**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN NELSON, JR  
9043 OLD HERMITAGE PARKWA  
BATON ROUGE, LA 70810

**Operator ID: 18066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOIL A NELSON, JR  
416 BONNER FERR  
BASTROP, LA 71220

**Operator ID: 3349**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN N NELSON  
P O BOX 1945  
WEST MONROE, LA 71292

**Operator ID: 33707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY P NERO  
111 FOUR T'S LANE  
SCOTT, LA 70583

**Operator ID: 25016**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRIS A NETTLES  
217 MELODY LANE  
ATTENTION MICHAEL ISENER  
SLIDELL, LA 70458

**Operator ID: 11717**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BERNARD NEVILLS  
186 NEVILLS ROAD  
WASHINGTON, LA 70589

**Operator ID: 10072**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID E NEVILLS, SR  
152 NEVILLS ROAD  
WASHINGTON, LA 70589

**Operator ID: 11079**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL J NEW  
207 DEBORAH  
STERLINGTON, LA 71280

**Operator ID: 3354**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUEY D NEWCOMB, JR  
31133 FRANK KENNEDY ROAD  
ANGIE, LA 70426

**Operator ID: 11473**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A NEWELL  
11911 SCENIC HWY  
BATON ROUGE, LA 70807-1318

**Operator ID: 21466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RENEE R NEWMAN  
3789 HIGHWAY 505  
JONESBORO, LA 71251

**Operator ID: 11080**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG L NEWTON  
440 LEE BOUTWELL ROAD  
WINNSBORO, LA 71295

**Operator ID: 3359**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD A NEZAT  
16475 MAJESTIC OAK  
PRAIRIEVILLE, LA 70769

**Operator ID: 12988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH H NICHOLS  
9134 SOUTHWOOD DR.  
SHREVEPORT, LA 71118

**Operator ID: 3367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN D NICHOLS  
POST OFFICE BOX 35888  
WEST MONROE, LA 71294

**Operator ID: 3370**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS W NICHOLSON  
253 GLENDA STREET  
RAYVILLE, LA 71269

**Operator ID: 3372**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS L NIDA  
34 BETHEL RD  
DEVILLE, LA 71328

**Operator ID: 10292**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SANDY C NIKOLAUS  
POST OFFICE BOX 246  
MERAUX, LA 70075

**Operator ID: 6063**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUDE A NIMER  
1222 DANIEL ALLEY  
OPELOUSAS, LA 70570

**Operator ID: 32689**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL E NIXON  
2530 SHADOWBROOK DR  
BATON ROUGE, LA 70816

**Operator ID: 36518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W NOBLES  
7885 HWY 822  
DUBACH, LA 71235

**Operator ID: 12786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK J NOCILLA, III  
7018 WINDMILL LANE  
SULPHUR, LA 70605

**Operator ID: 3379**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEAN P NOLAN  
P O BOX 4489  
BATON ROUGE, LA 70821-4489

**Operator ID: 10381**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRADLEY S NOLAN  
313 STEWARTVILLE ROAD  
CROWLEY, LA 70526

**Operator ID: 5871**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

DON E NOLEN  
43160 HENDERSON LANE  
PRAIRIEVILLE, LA 70769

**Operator ID: 28330**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARSHALL W NOLEN  
617 RICH ST  
LAKE CHARLES, LA 70601

**Operator ID: 40523**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT NORMAN  
101 OZONE DR  
HAMMOND, LA 70403

**Operator ID: 27130**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILSON J NORRIS, JR  
P O BOX 575  
CENTERVILLE, LA 70522

**Operator ID: 11274**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT T NORRIS  
3429 HWY 151  
DUBACH, LA 71235

**Operator ID: 17646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID C NORTH  
8904 FULTON ST  
METAIRIE, LA 70003

**Operator ID: 5604**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ZACHARY NORTH  
1325 LINCOLN AVENUE  
MARRERO, LA 70072

**Operator ID: 6726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW B NUGENT  
P O BOX 575  
URANIA, LA 71480

**Operator ID: 11275**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL E NUGENT  
59 JOE ROSIER  
DEVILLE, LA 71328

**Operator ID: 12787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL T NUMBERS  
306 WHIPPOORWILL DR.  
DERIDDER, LA 70634

**Operator ID: 7223**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HILLARY J NUNEZ  
POST OFFICE BOX 62  
VIOLET, LA 70092

**Operator ID: 10301**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACOB E NUNEZ  
137 BETTY MURLE LN  
BELL CITY, LA 70630

**Operator ID: 22126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C OALMANN  
1925 JOSEPH DRIVE  
ST BERNARD, LA 70085

**Operator ID: 5654**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M OBRIEN  
5218 CHERRYWOOD DRIVE  
BATON ROUGE, LA 70809

**Operator ID: 7776**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID K OBRYANT  
3490 REDWOOD LN  
PAULINA, LA 70763

**Operator ID: 11277**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILL C OCHILTREE  
129 SOUTH TONTI DR  
MANY, LA 71449

**Operator ID: 5479**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE J ODOM  
13841 FELICITY DR  
BATON ROUGE, LA 70714

**Operator ID: 19686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRONNIE L ODOM  
2610 HWY 8  
POLLOCK, LA 71467

**Operator ID: 3404**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODRICK W ODOM  
POST OFFICE BOX 629  
PLAQUEMINE, LA 70765

**Operator ID: 6938**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL R OEHLER  
154 CARRETT LOOP  
WINNFIELD, LA 71483

**Operator ID: 5384**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK S OHARA  
481 O HARA RD  
LEESVILLE, LA 71446

**Operator ID: 6191**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STANLEY J OLIVIER  
3106 OLIVIER RD  
JEANERETTE, LA 70544

**Operator ID: 3410**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R OLIVIER  
5995 WEST CREOLE HWY  
CAMERON, LA 70631

**Operator ID: 5503**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS J OLSEN  
9847 ISLANDROAD  
ST FRANCISVILLE, LA 70775

**Operator ID: 11719**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARLON J ONEIL  
1021 SUGARLAND DRIVE  
BREAUX BRIDGE, LA 70517-6426

**Operator ID: 7891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THANH P ONG  
10865 NORRIS FERRY ROAD  
SHREVEPORT, LA 71106

**Operator ID: 25406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID E OPDENHOFF  
336 NORTH 6TH ST  
PONCHATOULA, LA 70454

**Operator ID: 3415**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELISSA S ORDOYNE  
432 HICKORY AVENUE  
HARAHAN, LA 70123

**Operator ID: 11532**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN A ORDOYNE  
5443 HWY 308  
LOCKPORT, LA 70374

**Operator ID: 17886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J ORGERON  
401 AVE C  
MARRERO, LA 70072

**Operator ID: 5579**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT J ORILLION  
468 E REDBUD DR  
SLIDELL, LA 70458

**Operator ID: 28646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE ORR  
754 SPRINGHILL LOOP  
POLLOCK, LA 71467

**Operator ID: 6532**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER L ORTEGO  
POST OFFICE BOX 232  
CENTERVILLE, LA 70522

**Operator ID: 8355**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT S ORTEGO  
POST OFFICE BOX 516  
KROTZ SPRINGS, LA 70750

**Operator ID: 9989**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN M OSBORN  
2434 HWY 606  
ST JOSEPH, LA 71366

**Operator ID: 11721**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN J OUBRE  
100 MORVANT DRIVE  
THIBODAU, LA 70301

**Operator ID: 11149**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE T OUBRE, JR  
29350 HWY 20 W  
VACHERIE, LA 70090

**Operator ID: 3422**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSIE J OUBRE, III  
108 BORNE CT  
EDGARD, LA 70049

**Operator ID: 9519**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEREK J OVERLAND  
10341 LA 1064  
TICKFAW, LA 70466

**Operator ID: 3427**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY B OWENS  
4359 HWY 557  
WEST MONROE, LA 71292

**Operator ID: 3432**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT OWENS  
605 OMEGA DRIVE  
LAFAYETTE, LA 70506

**Operator ID: 3433**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS L OWENS, SR  
POST OFFICE BOX 1272  
WEST MONROE, LA 71292

**Operator ID: 3434**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY D OWENS  
PO BOX 251  
SLAGLE, LA 71475

**Operator ID: 8062**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY P OXLEY  
32880 FOX RUN DRIVE  
WALKER, LA 70785

**Operator ID: 8820**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN D PACE  
135 WOODY RD  
FARMERVILLE, LA 71241

**Operator ID: 36309**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL L PACE  
57267 PACE STREET  
SLIDELL, LA 70461

**Operator ID: 7379**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN J PAGE  
2812 MILL STREET  
ALEXANDRIA, LA 71307

**Operator ID: 11722**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC B PAGE  
411 NORTHWEST STREET  
FARMERVILLE, LA 71241

**Operator ID: 6589**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH L PAIGE, JR  
39107 TYLER BALLARD ROAD  
WALKER, LA 70785

**Operator ID: 7739**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GASPER L PALERMO  
52211 TAYLOR DR  
LORANGER, LA 70446-2259

**Operator ID: 3444**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK C PALERMO  
181 PALERMO RD  
BUNKIE, LA 71322

**Operator ID: 5766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY J PALINE  
POST OFFICE BOX 410  
WATSON, LA 70786

**Operator ID: 3445**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY D PALMISANO, SR  
3638 MEADOWDALE DR  
SLIDELL, LA 70458

**Operator ID: 10291**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON J PANVELLE  
2325 DESTIN STREET  
MANDEVILLE, LA 70448

**Operator ID: 11081**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN G PAPILLION  
1228 CYPRESS HARBOR DRIVE  
LAKE CHARLES, LA 70605

**Operator ID: 11869**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MORRIS W PAPPILLION  
2928 GENERAL DOOLITTLE AV  
LAKE CHARLES, LA 70615

**Operator ID: 25018**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY L PARISH  
2201 OLD SPANISH TRAIL  
WEST LAKE, LA 70669

**Operator ID: 9412**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS P PARKER  
41483 HWY 42  
PRAIRIEVILLE, LA 70769

**Operator ID: 11280**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEWART L PARKER  
316 DEHLCO ROAD  
RAYVILLE, LA 71269

**Operator ID: 32087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN PARKER  
3701 ALFRED  
NEW ORLEANS, LA 70122

**Operator ID: 7711**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE PARKER  
4750 KENT ROAD  
SHREVEPORT, LA 71107

**Operator ID: 8976**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY A PARKS  
1804 ACADIAN DR  
HOUMA, LA 70363

**Operator ID: 5459**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LANDON D PARR  
1660 COBBLESTONE CT  
BATON ROUGE, LA 70806

**Operator ID: 12115**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE A PARR  
442 UP THE BAYOU ROAD  
DESALLEMANDS, LA 70030

**Operator ID: 9795**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN C PARSLEY  
P O BOX 427  
MAURICE, LA 70555

**Operator ID: 8063**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELIE J PART  
407 NORTH CAROLINA STREET  
NEW ROADS, LA 70760

**Operator ID: 3468**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY R PASCALIN  
37107 OAK HAVEN DR  
DENHAM SPRING, LA 70706

**Operator ID: 19086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT PASCHAL, JR  
234 LARIS DRIVE  
RACELAND, LA 70394

**Operator ID: 3470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALAN L PASSMAN  
3849 MARKET STREET  
JACKSON, LA 70748

**Operator ID: 7136**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIM D PATIN  
P O BOX 273  
14225 HWY 77  
ROSEDALE, LA 70772

**Operator ID: 25947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L PATIN, JR  
105 JANEL DRIVE  
LAFAYETTE, LA 70507

**Operator ID: 8843**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRK J PATRICK  
2113 PAINTERS ST.  
NEW ORLEANS, LA 70117

**Operator ID: 3472**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT E PATTEN  
P O BOX 133  
SICILY ISLAND, LA 71368

**Operator ID: 3474**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN J PATTILLO  
2940 LE OAKS DR  
APT 1313  
BOSSIER CITY, LA 71111

**Operator ID: 37389**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

KENDALL PAUL  
11418 CATALINA AVE  
BATON ROUGE, LA 70814

**Operator ID: 7740**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARRYL E PAULETTE  
23015 ELDER STREET  
MANDEVILLE, LA 70471

**Operator ID: 9725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDDY W PAYNE  
3545 HWY. 882  
LAKE PROVIDENCE, LA 71254

**Operator ID: 35326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT T PEACE  
801 ACKLEN STREET  
SHREVEPORT, LA 71104

**Operator ID: 5577**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J PEARCE  
4407 OAKLAWN ST  
LAKE CHARLES, LA 70605

**Operator ID: 36649**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM L PEARSON  
5932 N. MARKET  
SHREVEPORT, LA 71107

**Operator ID: 17246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L PEDEAUX  
147 PEBBLE BEACH DRIVE  
SLIDELL, LA 70458

**Operator ID: 10776**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORMAN J PELITIRE  
72328 FOREST DRIVE  
COVINGTON, LA 70433

**Operator ID: 3493**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREL J PELTIER  
1267 HWY 20  
THIBODAU, LA 70301

**Operator ID: 13086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY A PENDER  
2756 APRIL STREET  
ZACHARY, LA 70791

**Operator ID: 3500**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD J PENNARTZ  
5424 W TAMELA  
LAKE CHARLES, LA 70605

**Operator ID: 10699**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH A PEPER  
1010 STYLES RANCH RD  
CHOUDRANT, LA 71227

**Operator ID: 17666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRADY PEPITONE  
3984 QUARTER HORSE LN  
ADDIS, LA 70710

**Operator ID: 5780**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERRY J PERCK  
17520 JOE SEVERAIO ROAD  
PRAIRIEVILLE, LA 70769

**Operator ID: 3519**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E PERCLE  
2010 FAIRVIEW DRIVE  
PORT ALLEN, LA 70765

**Operator ID: 6936**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY PERCLE  
121 GREENWOOD PLANTATION  
THIBODAUX, LA 70301

**Operator ID: 9291**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARROLL E PERCY  
43472 STEVENS ROAD  
GONZALES, LA 70737

**Operator ID: 9583**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE G PERKINS  
2900 BENEFIT STREET  
NEW ORLEANS, LA 70126

**Operator ID: 3511**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY PERKINS  
22658 HWY 964  
ZACHARY, LA 70791

**Operator ID: 9976**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J PERNICIARO  
3012 PLAZA DR  
CHALMETTE, LA 70043-3538

**Operator ID: 3513**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK A PEROT  
109 AMBER  
LAFAYETTE, LA 70507

**Operator ID: 6670**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALICE C PERRET  
POST OFFICE BOX 11623  
NEW IBERIA, LA 70562-1623

**Operator ID: 7137**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC K PERRILLOUX  
249 EAST 27 STREET  
RESERVE, LA 70084

**Operator ID: 24048**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN J PERRIN  
655 VIC ST  
WESTWEGO, LA 70094

**Operator ID: 3518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS L PERRODIN  
1701 ILLINOIS ST  
LAKE CHARLES, LA 70607

**Operator ID: 36186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDRICK J PERRODIN  
2800 GUY ST  
LAKE CHARLES, LA 70601

**Operator ID: 37267**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY R PERRY  
1407 LIVE OAK STREET  
POST OFFICE BOX 9  
MERMENTAU, LA 70556

**Operator ID: 12807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CECIL C PERRY, SR  
P O BOX 594  
TIOGA, LA 71477

**Operator ID: 37155**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NADINE L PERRY  
309 DUCLOS STREET  
LAFAYETTE, LA 70506-2525

**Operator ID: 5779**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DREW T PERTUIT  
18224 ROBERT DENHAM RD  
PRAIRIEVILLE, LA 70769

**Operator ID: 13766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS J PERTUIT, JR  
15 GARDERE COURT  
HARVEY, LA 70058

**Operator ID: 3523**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HANS E PETERSEN  
POST OFFICE BOX 31  
CAMERON, LA 70631

**Operator ID: 7543**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AUBREY D PETERSON  
PO BOX 310  
GRAYSON, LA 71435

**Operator ID: 3526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERARD J PETERSON  
623 JEFFERSON AVENUE  
NEW ORLEANS, LA 70115

**Operator ID: 3527**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY A PETTY  
15519 JOOR ROAD  
ZACHARY, LA 70791

**Operator ID: 8854**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RENE S PEYTRAL  
20301 GARLAND ST  
COVINGTON, LA 70435

**Operator ID: 5440**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNY L PFEIFER, JR  
3671 OLDMARDSVILLE HWY  
PINEVILLE, LA 71360

**Operator ID: 3532**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JENNIFER PHAM  
204 BON MANGE CL  
LAFAYETTE, LA 70506

**Operator ID: 7045**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

JOHN V PHARRIS  
108 JAMES STREET  
DEQUINCY, LA 70673

**Operator ID: 7544**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY D PHILLIPS  
1344 CHAUNSEY PITRE ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 10642**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY I PHILLIPS, SR  
126 SEWER PLANT ROAD  
BELLE CHASSE, LA 70037

**Operator ID: 3544**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BYRON E PHOENIX  
P O BOX 124  
HAHNVILLE, LA 70057

**Operator ID: 33226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUKE J PICHON  
28878 BERRY TODD ROAD  
LACOMBE, LA 70445

**Operator ID: 3548**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERI L PICKENS  
P O BOX 205  
NEWELLTON, LA 71357

**Operator ID: 22406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL M PIEPER  
41008 RUE CHENE  
PONCHATOULA, LA 70454

**Operator ID: 27406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERTA J PIERCE  
3833 STONEYBROOK  
ZACHARY, LA 70791

**Operator ID: 24908**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MAURICE PIERCE  
192 MURLINE ST  
RUSTON, LA 71273

**Operator ID: 3555**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL D PIERCE  
7998 HWY 80  
RUSTON, LA 71270

**Operator ID: 7880**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE PIERCE, III  
23460 RICH STREET  
PLAQUEMINE, LA 70764

**Operator ID: 9125**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R PIERITE  
634 NORTH LEE  
MARKSVILLE, LA 71351

**Operator ID: 3559**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON C PIERRE  
PO BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 12235**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFFORD PIERRE  
6107 5TH AVENUE  
MARRERO, LA 70072

**Operator ID: 3560**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL S PIERSON  
210 DIPLOMAT WAY  
THIBODAUX, LA 70301

**Operator ID: 3562**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID G PIGOTT  
48397 LAWRENCE GREEK ROAD  
FRANKLINTON, LA 70438

**Operator ID: 30327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN J PILLARO  
POST OFFICE BOX 397  
CENTERVILLE, LA 70522

**Operator ID: 5401**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELZIE A PILOT, III  
22 KILLARNEY LOOP  
HOUMA, LA 70363

**Operator ID: 3563**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRICK S PINKNEY  
3647 TIMBER BLUFF  
NEW ORLEANS, LA 70131

**Operator ID: 11408**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL G PINSON, SR  
940 GARDEN DRIVE  
WESTLAKE, LA 70669

**Operator ID: 8821**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE P PITRE  
185 RUE DE LEVERT  
RACELAND, LA 70394

**Operator ID: 14849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURT D PITRE  
1801 S. SUGAR RIDGE ROAD  
LAPLACE, LA 70068

**Operator ID: 3570**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTINE E PITRE  
9363 HWY 105  
MELVILLE, LA 71353

**Operator ID: 8064**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MONA H PITTMAN  
434 HOFFSTADT ROAD  
KENTWOOD, LA 70444

**Operator ID: 10557**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FLOYD J PIXLEY  
986 EAST SIBLEY RD  
CHOUDRANT, LA 71227

**Operator ID: 6109**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE E PIZANI  
209 SUNSET ST  
MORGAN CITY, LA 70380

**Operator ID: 19506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE A PLACHER  
P.O. BOX 324  
101 WESTWOOD DRIVE APT 12  
MILTON, LA 70558

**Operator ID: 11475**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE M PLAISANCE, JR  
406 ELLEN ST  
AMA, LA 70031

**Operator ID: 32067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN J PLAISANCE  
3442 STELLA RD  
PAULINA, LA 70763

**Operator ID: 34847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY J PLAISANCE  
507 N CAROL  
LOCKPORT, LA 70374

**Operator ID: 3579**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES L PLANCHARD, II  
17050 COPPERHEAD RD  
INDEPENDENCE, LA 70443

**Operator ID: 15846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SYLVESTER M PLATT  
8965 DELTA RACE RD  
NEW ROADS, LA 70760

**Operator ID: 10300**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATHRYN W PLUNKETT  
173 PLUNKETT ROAD  
JONESBORO, LA 71251

**Operator ID: 11544**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNY P POCHE  
P O BOX 1318  
GONZALES, LA 70707

**Operator ID: 11990**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MIKE P POISSO  
POST OFFICE BOX 93  
DRY PRONG, LA 71423

**Operator ID: 11193**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R POISSO  
PO BOX 331  
DRY PRONG, LA 71423

**Operator ID: 11910**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OTTIS C POLK  
719 ROSALIE  
NEW IBERIA, LA 70560

**Operator ID: 6771**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON A POLLOCK  
439 MONSANTO AVE  
LULING, LA 70070

**Operator ID: 8126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN E POMIER  
1307 S FIELDSPAN RD  
DUSON, LA 70529

**Operator ID: 24826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA D POMIER  
1015 SOUTH FIELDSPAN  
DUSON, LA 70529

**Operator ID: 32086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL J PONTIFF  
2009 FAIRMONT  
ABBEVILLE, LA 70510

**Operator ID: 3599**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAULA K POOLE  
4015 SAN PEDRO ST  
LAKE CHARLES, LA 70605

**Operator ID: 10706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A POOLE  
135 KATHY RD  
LAKE CHARLES, LA 70607

**Operator ID: 22186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK S POOLE  
199 GLYNN DAY ROAD  
WINNSBORO, LA 71295

**Operator ID: 29610**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARBARA L POOLE  
165 SENECA TRAIL  
WINNFIELD, LA 71483

**Operator ID: 30968**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILLY POOLE  
1923 HWY. 133  
COLUMBIA, LA 71418

**Operator ID: 3600**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD P POPE  
PO BOX 1544  
LIVINGSTON, LA 70754

**Operator ID: 30649**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK A POPE  
102 BON MANGE CIRCLE  
LAFAYETTE, LA 70506

**Operator ID: 8655**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONNIE R PORCHE  
P O BOX 538  
BOURG, LA 70343

**Operator ID: 10903**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MITCHELL PORCHE  
424 NASSAU DR  
BATON ROUGE, LA 70815

**Operator ID: 13146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E PORTER  
7900 BREVARD AVENUE  
NEW ORLEANS, LA 70127

**Operator ID: 10811**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICIA PORTIER  
916 CENTRAL AVENUE  
WESTWEGO, LA 70094

**Operator ID: 3120**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTIAN T POSS  
287 FRANK SATTER FIELD RD  
PERRY, GA 31069

**Operator ID: 26253**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORMAN C POWELL  
7715 SHREVEPORT HWY  
LEESVILLE, LA 71446

**Operator ID: 8979**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM P POWER  
224 SECTION LINE ROAD  
LEESVILLE, LA 71446

**Operator ID: 34766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN D PRACHT  
2919 RISINGER DRIVE  
SHREVEPORT, LA 71119

**Operator ID: 11907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EMILE E PRATTINI  
2209 MARIETTA ST  
VIOLET, LA 70092

**Operator ID: 6346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERICA E PREATTO  
4416 BAYOU DES FAMILLES  
MARRERO, LA 70072

**Operator ID: 13786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAINAE M PREJEAN  
212 LINDEN LEWIS RD  
YOUNGVILLE, LA 70592

**Operator ID: 8656**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN E PRESLEY  
6049 CHERRY HILL AVE  
SHREVEPORT, LA 71107

**Operator ID: 8065**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM A PRESTON  
175 NORTH LAKE DR  
CONVERSE, LA 71419

**Operator ID: 5492**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAURET B PRICE  
4743 LYNHUBER DR  
NEW ORLEANS, LA 70126

**Operator ID: 11409**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOCTOVRIA R PRICE  
161 CURRY CREEK DRIVE  
CALHOUN, LA 71225

**Operator ID: 11969**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KURT PRICE  
104 CRESTWOOD  
GROSSET, AR 71635

**Operator ID: 36310**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY C PRICE  
36 RILEY DEVILLE RD  
DEVILLE, LA 71328

**Operator ID: 3633**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY W PRICE, JR  
12713 BROOKSHIRE AVE  
BATON ROUGE, LA 70815

**Operator ID: 3639**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY L PRICE  
253 DONNIE PRICE ROAD  
DEVILLE, LA 71328

**Operator ID: 5902**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD E PROFFITT  
1309 ARKANSAS ST  
LAKE CHARLES, LA 70607

**Operator ID: 28367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C PROTHRO  
3175 MARCO RD  
LENA, LA 71447

**Operator ID: 27327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNIE D PROVOST, JR  
915 TECHE ROAD  
MORGAN CITY, LA 70380

**Operator ID: 10955**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELINDA S PROVOST  
1310 NICHOLS STREET  
VINTON, LA 70668

**Operator ID: 5944**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY P PRUDHOMME  
516 CEDAR ST  
LAPLACE, LA 70068

**Operator ID: 30587**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COMPTON T PUGH  
4215 OWL STREET  
MONROE, LA 71203

**Operator ID: 11942**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH PURVIS  
27944 PURVIS RD  
INDEPENDENCE, LA 70443

**Operator ID: 3660**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELTON R PYLANT  
264 ROAD CAMP RD  
RUSTON, LA 71270

**Operator ID: 25950**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EUGENE QUEBEDEAUX  
7314 HWY 93 LOT A  
ARNAUDVILLE, LA 70512

**Operator ID: 3663**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES R QUINN  
7401 ESLER FIELD RD  
LOT 16  
PINEVILLE, LA 71360

**Operator ID: 10305**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K RADFORD  
356 RANCLAND DRIVE  
GRAND CANE, LA 71032

**Operator ID: 3674**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS L RAGAN  
401 MILLER DRIVE  
KENTWOOD, LA 70444

**Operator ID: 25126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY R RAIA, JR  
327 ALICE STREET  
AMA, LA 70031

**Operator ID: 3678**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN A RAINEY, III  
16365 HWY 175  
MANY, LA 71449

**Operator ID: 37187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ZACHARY R RALEY  
5302 BAYOU DRIVE  
BOSSIER CITY, LA 71112

**Operator ID: 24586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WATER PRODUCTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KRISTOPHER J RALLINSON  
5805 DOGWOOD HILLS EXT  
BASTROP, LA 71220

**Operator ID: 7881**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK RAMAGOS  
PO BOX 66  
MORGANZA, LA 70759

**Operator ID: 3681**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFTON D RAMBIN  
190 REDDIX RD  
PELICAN, LA 71063

**Operator ID: 3682**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY RAMOS  
39276 TOMMY MOORE  
GONZALES, LA 70737

**Operator ID: 13107**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES J RAMOUR  
1521 3RD STREET  
102 ARTHUR AVENUE  
LAKE ARTHUR, LA 70549

**Operator ID: 3683**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

J. "LEROY" M RAMSEY  
302 MCGEE RD  
WEST MONROE, LA 71291

**Operator ID: 7435**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS L RANCHER  
1401 ERIN STREET  
APT. 279  
MONROE, LA 71201

**Operator ID: 35187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LESTER RANDLE  
POST OFFICE BOX 7565  
ALEXANDRIA, LA 71306

**Operator ID: 7030**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E RANDOLPH  
1409 GOV NICHOLLS  
NEW ORLEANS, LA 70116

**Operator ID: 20420**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELDRIDGE RANDOLPH  
4500 VIOLA ST  
NEW ORLEANS, LA 70126

**Operator ID: 3684**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEREK M RANDOLPH  
6233 EADS STREET  
NEW ORLEANS, LA 70122

**Operator ID: 7448**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER D RANKIN  
235 ANNA ST  
AMA, LA 70031

**Operator ID: 6199**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY J RAPP, SR  
5218 CICERO DR  
DARROW, LA 70725

**Operator ID: 3686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ODIS M RATCLIFF  
P.O. BOX 101  
ANGOLA, LA 70712

**Operator ID: 30286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN D RATCLIFF  
3812 MAIN ST  
ZACHARY, LA 70791

**Operator ID: 5575**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS W RAY  
P.O. BOX 638  
WALKER, LA 70785

**Operator ID: 10905**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHELLY L RAY  
10953 N SHORELINE DR  
BATON ROUGE, LA 70809

**Operator ID: 13806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN K RAY  
144 DELOCHE RD  
WEST MONROE, LA 71291

**Operator ID: 24286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNIE J RAY  
167SUMMERS RD  
BASKIN, LA 71219

**Operator ID: 25526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDDI A RAY  
28 SYLVIA LN  
NOBLE, LA 71462

**Operator ID: 33487**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES B RAY  
449 BOURQUE RD  
CHURCH POINT, LA 70525

**Operator ID: 3689**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D RAY  
620 WENDY LN  
NEW ORLEANS, LA 70123

**Operator ID: 3692**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VERNON D RAY  
814 GEORGE REPPOND ROAD  
MARION, LA 71260

**Operator ID: 7436**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY L READ  
163 D V BYRD LANE  
WEST MONROE, LA 71292

**Operator ID: 11820**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY J REBERT  
P.O. BOX 1122  
BREAUX BRIDGE, LA 70517

**Operator ID: 32187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS E REDMON, III  
300 NORTH MARSHALL  
BUNKIE, LA 71322

**Operator ID: 7236**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORBERT M REDMOND, III  
1006 EAST ASHLAND STREET  
GONZALES, LA 70737

**Operator ID: 3699**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STANLEY R REDMOND  
8631 LEMON RD  
SLAUGHTER, LA 70777

**Operator ID: 5173**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALTON REECE  
POST OFFICE BOX 730  
KENNER, LA 700630730

**Operator ID: 3701**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL E REED  
362 L MC LEOD  
LEESVILLE, LA 71446

**Operator ID: 10595**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT A REED  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 12237**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MILTON L REED  
612 E COLORADO AVE  
RUSTON, LA 71270

**Operator ID: 17686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD C REED  
121 SANDERS STREET  
PINEVILLE, LA 71360

**Operator ID: 18946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELVIN D REED  
2921 LASALLE DR.  
ALEXANDRIA, LA 71303-4313

**Operator ID: 5152**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD W REED  
3433 RIGOLETTE ROAD  
PINEVILLE, LA 71360

**Operator ID: 6558**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A REEDS  
679 BELLVIEW DRIVE  
LAKE CHARLES, LA 70611

**Operator ID: 7031**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY E REEVES  
1367 HENGER RD  
TROUT, LA 71371

**Operator ID: 11636**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM E REEVES, JR  
314 ANNIE REEVES RD  
REEVES, LA 70658

**Operator ID: 3712**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANKLIN D REHM, JR  
P O BOX 957  
PONCHATOULA, LA 70454

**Operator ID: 19926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY REINERS  
322 VIREO DRIVE  
MANDEVILLE, LA 70448

**Operator ID: 9790**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARTHUR E REINHARDT, III  
309 FOREVER RDG  
HELOTES, TX 78023

**Operator ID: 14747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN J REIS, III  
1925 MASSICOT  
SAINT BERNARD, LA 70085

**Operator ID: 32729**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN J REIS, JR  
1925 MASSICOT ROAD  
ST. BERNARD, LA 70085

**Operator ID: 5536**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT L RELIFORD  
434 KENNETH ROAD  
RINGGOLD, LA 71068

**Operator ID: 7601**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM E REMBERT, III  
244 BEAUREGARD RD  
PRINCETON, LA 71067

**Operator ID: 34226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELTON J REMONDET  
317 SOMERSET DR  
LAPLACE, LA 70068

**Operator ID: 5074**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES B RENFROW, JR  
1067 DOTY ROAD  
FERRIDAY, LA 71334

**Operator ID: 3720**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RALPH M REPPOND  
POST OFFICE BOX 572  
MARION, LA 71260

**Operator ID: 6777**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL N REVERE  
24326 NICK JENKINS RD  
BUSH, LA 70431

**Operator ID: 31906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD C REY  
4131 CLERMONT DRIVE  
NEW ORLEANS, LA 70122

**Operator ID: 3725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN J REY, JR  
1119 PRESTON GUIDRY ROAD  
BREAUX BRIDGE, LA 70517

**Operator ID: 5765**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN REYNOLDS  
109 REYNOLDS RD  
MARION, LA 71260

**Operator ID: 30706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L REYNOLDS  
250 SIVILS RD  
COLLINSTON, LA 71229

**Operator ID: 3726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT REYNOLDS  
121 FINDALE  
CROWLEY, LA 70526

**Operator ID: 9447**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES N RHODES  
23585 SHADY LANE  
HUSSER, LA 70442

**Operator ID: 13807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L RHODES  
409 MILL POND DR  
YOUNGSVILLE, LA 70592

**Operator ID: 3729**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH B RHODES  
126 SEWER PLANT ROAD  
BELLE CHASE, LA 70037

**Operator ID: 7771**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID RHODUS  
30140 W.H. RHODUS ROAD  
HOLDEN, LA 70744

**Operator ID: 3731**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C RICE  
1384 HWY 1228  
WINNFIELD, LA 71483

**Operator ID: 6025**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRK A RICE  
329 WEST MAPLE AVENUE  
SHREVEPORT, LA 71107

**Operator ID: 6847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDERICK W RICH, III  
129 DIALITA DRIVE  
AVONDALE, LA 70094

**Operator ID: 11987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCUS S RICHARD  
1003 N CHURCH ST  
KAPLAN, LA 70548

**Operator ID: 10702**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD RICHARD  
433 VALVERDE RD HWY 977  
MARINGOUIN, LA 70757

**Operator ID: 11285**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD M RICHARD  
32240 LA 642 NORTH  
PAULINA, LA 70763

**Operator ID: 24207**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRENT J RICHARD  
747 LUMAS RD  
DERIDDER, LA 70634

**Operator ID: 37027**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHEP RICHARD  
132 JASMINE LANE  
WAGGAMAN, LA 70094

**Operator ID: 3740**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

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Center for Environmental Health Services

**INVOICE**

BAREN P RICHARD  
302 JUSTIN ST  
LOCKPORT, LA 70374

**Operator ID: 3741**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILTON J RICHARD, JR.  
7601 CAMERON STREET  
DUSON, LA 70529

**Operator ID: 3744**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J RICHARD  
321 DARDEN ROAD  
LAFAYETTE, LA 70508

**Operator ID: 5016**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC A RICHARD  
POST OFFICE DRAWER 575  
NAPOLEONVILLE, LA 70390

**Operator ID: 6266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY R RICHARD  
720 WEST LASTIE ST  
ERATH, LA 70533

**Operator ID: 6574**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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Center for Environmental Health Services

**INVOICE**

DANNY L RICHARD  
1702 PIERRE MATTE RD  
BRANCH, LA 70516

**Operator ID: 8105**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

GREGORY RICHARD  
21325 CROWLEY EUNICE HWY  
CROWLEY, LA 70526

**Operator ID: 8662**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

DAVID J RICHARDS  
2420 CORINNE DR  
CHALMETE, LA 70043

**Operator ID: 5073**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A RICHARDSON  
5305 NORTH MARKET  
SHREVEPORT, LA 71107

**Operator ID: 11496**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRENDLE R RICKERSON  
410 CHURCH ST  
RACELAND, LA 70394

**Operator ID: 11479**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W RIDER  
778 DAVIS LK RD  
COLUMBIA, LA 71418

**Operator ID: 6940**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER D RIDGEL  
16218 TRAPEN LN  
TICKFAW, LA 70466

**Operator ID: 29447**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEAN M RIECKE  
70359 L ST  
COVINGTON, LA 70433

**Operator ID: 36493**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENT RIECKE  
70420 K STREET  
COVINGTON, LA 70433

**Operator ID: 3765**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A RIESS, JR  
40145 TAYLORS TRAIL  
UNIT 105  
SLIDELL, LA 70461

**Operator ID: 20408**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

GLENFORT R RIGMAIDEN  
2709 GENERAL MOORE  
LAKE CHARLES, LA 70615

**Operator ID: 10751**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEY E RILLS  
13344 K C RD  
GONZALES, LA 70737

**Operator ID: 10450**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY L RINGUET  
2201 OLD SPANISH TRAIL  
WEST LAKE, LA 70669

**Operator ID: 9404**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL D RISINGER  
P O BOX 613  
FARMERVILLE, LA 71241

**Operator ID: 26927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN J RIVIERE  
33185 ADAMS DRIVE  
WHITE CASTLE, LA 70788

**Operator ID: 3774**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL E RIVIERE, JR  
115 CARROLLTON AVENUE  
METAIRIE, LA 70005

**Operator ID: 7148**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GODFREY RIXNER, III  
609 NORTH POTOMAC ST  
LAPLACE, LA 70068

**Operator ID: 36180**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM ROACH  
POST OFFICE BOX 1244  
ST FRANCISVILLE, LA 70775

**Operator ID: 3780**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY W ROACH  
2017 STONEWALL-FRIERSON R  
FRIERSON, LA 71027

**Operator ID: 6158**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY H ROARK  
3279 HWY 3104  
JENA, LA 71342

**Operator ID: 8666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALFRED J ROBAIR, JR  
7914 LUCERNE ST  
NEW ORLEANS, LA 70128

**Operator ID: 3782**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SUSAN M ROBBINS  
115 MUDGE RD.  
BOYCE, LA 71409

**Operator ID: 2005**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN A ROBERT  
15165 JOE SEVARIO ROAD  
GONZALES, LA 70737

**Operator ID: 10907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKEY J ROBERT  
106 DUFRENE LN  
DES ALLEMANDS, LA 70030

**Operator ID: 18986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD P ROBERT  
2756 ISABELLE  
MARRERO, LA 70072

**Operator ID: 5092**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENNIE G ROBERT  
315 BEN ROBERT RD  
WEST MONROE, LA 71292

**Operator ID: 8845**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARLON D ROBERTS  
411 LOUISIANA AVE  
SULPHUR, LA 70663

**Operator ID: 10825**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D ROBERTS  
851 ROWLAND RD  
APT#50  
MONROE, LA 71203

**Operator ID: 13967**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FLOZELLE C ROBERTS  
509 COUMMUNITY ST  
APT 1103  
ARABI, LA 70032

**Operator ID: 31088**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN P ROBERTS  
26548 RIVER ROUND  
PORT SULHUR, LA 70083

**Operator ID: 32807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ISRAEL C ROBERTS  
906 DON LOUIS AVENUE  
OPELOUSAS, LA 70570-3608

**Operator ID: 3789**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL W ROBERTS  
6003 BRUYNINCKX RD  
ALEXANDRIA, LA 71303

**Operator ID: 6190**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALFRED R ROBERTS  
410 BROWN ST LOT 23  
WEST MONROE, LA 71292

**Operator ID: 8287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LA TONYA M ROBERTS  
P O BOX 424  
BENTLEY, LA 71407

**Operator ID: 9006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY P ROBERTSON  
P O BOX 2978  
RESERVE, LA 70084

**Operator ID: 31726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD A ROBERTSON  
214 POLLOCK ST  
KENNER, LA 70062

**Operator ID: 3796**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RENAULDO D ROBERTSON, SR  
1225 ELLERSLIE AVE  
LAPLACE, LA 70068

**Operator ID: 3802**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACKIE L ROBERTSON  
493 LAKEVIEW DRIVE  
DOYLINE, LA 71023

**Operator ID: 7239**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Center for Environmental Health Services

**INVOICE**

JENNY A ROBICHAUX  
1264 COLUMBUS AVENUE  
MORGAN CITY, LA 70380

**Operator ID: 10947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REBECCA N ROBICHAUX  
212 HACKBERRY STREET  
RACELAND, LA 70394

**Operator ID: 8360**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY J ROBIN  
1018 PERIOU ST  
P O BOX 556  
HENDERSON, LA 70517

**Operator ID: 3805**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEO J ROBIN  
1250 AVE D  
PORT ALLEN, LA 70767

**Operator ID: 3807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W ROBINSON, JR  
1647 ARCADIA HWY  
QUITMAN, LA 71268

**Operator ID: 10308**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEBORAH A ROBINSON  
POST OFFICE BOX 5  
HINESTON, LA 71438

**Operator ID: 11087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY B ROBINSON  
PO DRAWER 575  
NAPOLENVILLE, LA 70390

**Operator ID: 11088**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEVELAND J ROBINSON  
42524 JEFFERSON CT  
HAMMOND, LA 70403

**Operator ID: 14246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS D ROBINSON  
46 CLIFFORD PRICE RD  
DEVILLE, LA 71328

**Operator ID: 24226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BILL H ROBINSON  
PO BOX 687  
HAUGHTON, LA 71037

**Operator ID: 26486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEMENT E ROBINSON, JR  
1303 N. ERIME ST  
LOT A  
LEESVILLE, LA 71446

**Operator ID: 27328**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY M ROBINSON  
2848 SILOAM CH RD  
JONESBORO, LA 71251

**Operator ID: 31009**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LLOYD J ROBINSON  
3016 15TH STREET APT B  
METAIRIE, LA 70002

**Operator ID: 35389**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSIE L ROBINSON  
1918 GEN. TAYLOR AVE  
BATON ROUGE, LA 70810

**Operator ID: 3815**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP H ROBINSON  
3525 HWY 865  
WINNSBORO, LA 71295

**Operator ID: 3816**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

WEBSTER J ROBINSON  
165 PADGETT RD  
HINESTON, LA 71438

**Operator ID: 5130**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NELTON D ROBINSON  
1638 HWY 394  
DE RIDDER, LA 70634

**Operator ID: 5197**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

HENDERSON ROBINSON  
3912 BORDEAUX DR.  
SHREVEPORT, LA 71108

**Operator ID: 6849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

MERYLAND ROBINSON, SR  
3480 HIGHWAY 494  
NATCHEZ, LA 71456

**Operator ID: 8068**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRADY J ROBINSON  
1620 MUNSON  
SLAUGHTER, LA 70777-9602

**Operator ID: 8141**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

CARSON K ROBINSON  
17768 HWY 4  
JONESBORO, LA 71251

**Operator ID: 9811**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD W ROBISON  
2898 RIVERSIDE ROAD  
JENNINGS, LA 70546

**Operator ID: 10827**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY ROBSON  
114 GREENBROOK BLVD  
SHREVEPORT, LA 71106

**Operator ID: 8984**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROSTON ROBY  
311 HIGH ST  
MINDEN, LA 71055-3815

**Operator ID: 25019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC P ROBY  
4933 ALEXIS DR  
MARRERO, LA 70072

**Operator ID: 31786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINTON D ROCHESTER  
19784 HWY 450  
FRANKLINTON, LA 70438

**Operator ID: 12451**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY RODGERS  
1005 HOOTER RD  
BRIDGE CITY, LA 70094

**Operator ID: 3830**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J RODRIGUE  
119 WEST 68TH STREET  
CUTOFF, LA 70345

**Operator ID: 11089**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

BEAU M RODRIGUE  
22698 HIGH RIDGE DR  
VACHERIE, LA 70090

**Operator ID: 12386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERKLE G RODRIGUE, III  
2800 HIGHWAY 20  
VACHERIE, LA 70090-3602

**Operator ID: 14906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J RODRIGUE  
P O BOX 582  
ANACOCO, LA 71403

**Operator ID: 16547**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY J RODRIGUE  
73470 TAMMY LANE  
COVINGTON, LA 70435

**Operator ID: 18008**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY R RODRIGUEZ  
1429 JONES RD  
DERIDDER, LA 70634

**Operator ID: 11729**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OSCAR RODRIGUEZ, JR  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 5666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

WILLIAM A ROE, JR  
107 LAMGDA ST  
BELLE CHASSE, LA 70037

**Operator ID: 8070**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT R ROEDTS  
29736 LARD RD  
HOLDEN, LA 70744

**Operator ID: 13147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUNIOR A ROGERS  
1403 STUART CIRCLE  
BOSSIER CITY, LA 71112

**Operator ID: 3840**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT P ROGERS  
3329 SHERBROOK LN  
HARVEY, LA 70058

**Operator ID: 3843**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC ROGERS  
4613 RICHLAND AVENUE  
METAIRIE, LA 70002

**Operator ID: 3846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE S ROGERS  
8800 SOUTH CLAIBOURNE  
NEW ORLEANS, LA 70118

**Operator ID: 3847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WESTLEY P ROGERS  
544 MORNING SIDE DR  
GRETNA, LA 70056

**Operator ID: 8271**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE H ROHR, JR  
5029 DAVID DR  
KENNER, LA 70065

**Operator ID: 6250**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

OVERTON ROLAND  
158 NEW LIGHT ROAD  
PINEVILLE, LA 71360

**Operator ID: 8748**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GAYLE A ROME  
8196 LA HWY 44  
CONVENT, LA 70723

**Operator ID: 3858**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN ROMERO  
22724 JERRY ROAD  
KAPLAN, LA 70548

**Operator ID: 11091**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM J ROMERO  
113 PORTER ST  
NEW IBERIA, LA 70560

**Operator ID: 26250**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRICK M ROMERO  
3626 N HWY 27  
SULPHUR, LA 70663

**Operator ID: 33827**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNY J ROMERO  
5102 BULL ISLAND RD  
NEW IBERIA, LA 70560

**Operator ID: 3859**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MYRON C ROMERO  
824 AVENUE "H"  
WESTWEGO, LA 70094

**Operator ID: 3863**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CREIG J RONSONET  
PO BOX 353  
CHARENTON, LA 70523

**Operator ID: 3865**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THERESA D ROOFNER  
POST OFFICE BOX 13085  
LAKE CHARLES, LA 70612

**Operator ID: 7673**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY ROONEY  
123 ELM DRIVE  
RACELAND, LA 70394

**Operator ID: 11533**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MORRIS ROSAYA  
PO BOX 321  
FORDOCHE, LA 70732

**Operator ID: 5188**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES P ROSE  
18230 ROSE DRIVE #15  
PONCHATOULA, LA 70454

**Operator ID: 11124**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLYDE P ROSE  
1582 3RD ST.  
LUTCHER, LA 70071

**Operator ID: 3871**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL N ROSELLE  
3310 SCHULER DRIVE  
BOSSIER, LA 71112

**Operator ID: 29626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LACARLTON J ROSS, JR  
9523 EAST GRAHAM AVE  
BATON ROUGE, LA 70814

**Operator ID: 20186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLANCY ROSS  
1487 OAK RIDGE DRIVE  
LEESVILLE, LA 71446

**Operator ID: 30648**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY L ROSS  
128 CATHERINE LN  
GRAYSON, LA 71465

**Operator ID: 3879**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL T ROSS  
12327 KINGSTON DRIVE  
BATON ROUGE, LA 70807-2038

**Operator ID: 8794**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT N ROTH, SR  
83683 HOLLIDAY ROAD  
FOLSOM, LA 70437

**Operator ID: 21407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE W ROTH, JR  
1221 ELMWOOD PARK BLVD  
SUITE 909  
JEFFERSON, LA 70123

**Operator ID: 8467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK ROUGEAU  
6426 RIVER ROAD  
LAKE CHARLES, LA 70601

**Operator ID: 6924**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALVIN ROUNDS, JR  
100 CHATEAU CT APT 105  
HOUMA, LA 70363

**Operator ID: 7910**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND D ROUSH  
5244 WALKER ROAD  
JONESBORO, LA 71251-5553

**Operator ID: 8988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM C ROUSSELL  
752 MAGNOLIA ST  
SLIDELL, LA 70460

**Operator ID: 11480**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRELL M ROUSSELL  
504 KENNEDY ST  
AMA, LA 70031

**Operator ID: 24866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN P ROUSSELL, JR  
2316 CORINNE AVE  
CHALMETTE, LA 70043

**Operator ID: 26487**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERRICK ROUSSELLE, SR  
247 MARCIA DR  
LULING, LA 70070

**Operator ID: 3890**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALAN ROUX  
315 ASH ST APT 8  
METAIRIE, LA 70005

**Operator ID: 3891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE P ROUX  
220 BEAU PLACE BLVD  
DES ALLEMANS, LA 70030-3447

**Operator ID: 6568**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E ROWLANDS, III  
POST OFFICE BOX 158  
CLARENCE, LA 71414

**Operator ID: 10849**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMON P ROY  
520 SOUTH KENNER AVE  
WESTWEGO, LA 70094

**Operator ID: 7493**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JO ANN ROYBISKIE  
2501 CARTIER DRIVE  
LAPLACE, LA 70068

**Operator ID: 10749**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY J ROYSTER  
1517 PINE ST  
LAKE CHARLES, LA 70601

**Operator ID: 3899**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEMMON J RUBIN  
116 TOWN HOME DR.  
LAFAYETTE, LA 70506

**Operator ID: 5935**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAWN B RUDASILL  
119 GUMBO RD  
LAFAYETTE, LA 70508

**Operator ID: 3902**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W RUFFIN  
750 NORTH PRINCETON  
MANSFIELD, LA 71052

**Operator ID: 3905**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENDALL M RUIZ  
105 MYRICK DR  
HOUMA, LA 70363

**Operator ID: 3907**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAURENT P RUIZ, JR  
3747 ASHTON DRIVE  
DESTREHAN, LA 70047

**Operator ID: 8468**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH D RUSH, JR  
1310 SOUTH FIFTH STREET  
MONROE, LA 71202

**Operator ID: 11481**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM RUSH  
16488 HWY 10  
ROSELAND, LA 70456

**Operator ID: 9615**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME RUSHING  
2309 AMERICA STREET  
MANDEVILLE, LA 70448

**Operator ID: 12182**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GINGER A RUSHING  
1324 HWY 401  
NAPOLEONVILLE, LA 70390

**Operator ID: 30367**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W RUSHING  
212 B & R LANE  
GOLDEN MEADOW, LA 70357

**Operator ID: 8072**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT S RUSNOCK  
7855 CADDO  
KEITHVILLE, LA 71047

**Operator ID: 6854**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY C RUSSELL, JR  
307 KATHERINE AVENUE  
ABITA SPRINGS, LA 70420

**Operator ID: 10692**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL E RUSSELL  
133 WARD ROAD  
STONEWALL, LA 71078

**Operator ID: 11908**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C RUSSELL  
POST OFFICE BOX 85  
STONEWALL, LA 71078

**Operator ID: 3914**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN R RUSSELL  
1512 PINE ST  
NEW ORLEANS, LA 70118

**Operator ID: 3918**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY RUSSELL  
7660 BRIARWOOD DR  
NEW ORLEANS, LA 70128

**Operator ID: 5644**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GWENDOLYN RUSSELL  
900 WESTGATE APT 60  
BOSSIER CITY, LA 71112

**Operator ID: 6043**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD B RUSSELL  
PO BOX 1692  
COVINGTON, LA 70434

**Operator ID: 6345**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATHY A RUSSO  
4901 JEFFERSON HWY  
SUITE E  
JEFFERSON, LA 70121

**Operator ID: 2499**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JANICE M RUSSO  
12156 OLD BATON ROUGE HWY  
HAMMOND, LA 70403

**Operator ID: 5973**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSHUA D RYALS  
283 WALKER RD  
MANSFIELD, LA 71052

**Operator ID: 11176**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID L RYALS  
51 QUAIL ROAD  
CONVERSE, LA 71419

**Operator ID: 3924**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE RYDER  
POST OFFICE BOX 490  
LEONVILLE, LA 70551

**Operator ID: 11731**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES J RYDER  
POST OFFICE BOX 1132  
OBERLIN, LA 70655

**Operator ID: 8073**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLIE W SALLEY  
880 NUBBIN RIDGE  
CONVERSE, LA 71419

**Operator ID: 5854**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W SALMON  
3048 MILLER ROAD  
JACKSON, LA 70748

**Operator ID: 8795**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARED L SAM  
322 STEWART ST  
LAFAYETTE, LA 70501

**Operator ID: 24587**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER Q SAM  
3813 TEXAS ST  
LAKE CHARLES, LA 70601

**Operator ID: 25226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MURPHY SAM, JR  
405 RAILROAD AVE  
LAFAYETTE, LA 70501

**Operator ID: 5350**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J SAMPEY  
147 11TH STREET  
BRIDGE CITY, LA 70094-3110

**Operator ID: 5978**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY L SANDELL  
373 MELDER RD  
GLENMORA, LA 71433

**Operator ID: 23947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK D SANDERLIN  
9420 BAIRD ROAD  
SHREVEPORT, LA 71118-3912

**Operator ID: 6855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL L SANDERS  
1400 HILLARY DR  
SLIDELL, LA 70461

**Operator ID: 11410**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

STEVEN R SANDERS  
512 7TH STREET SE  
SPRINGHILL, LA 71075

**Operator ID: 12316**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LESTER L SANDERS  
1316 POMPEY DR  
BATON ROUGE, LA 70816

**Operator ID: 32826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL L SANDERSON  
41074 S RANGE RD LT 31  
PONCHATOULA, LA 70454-8519

**Operator ID: 11971**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E SANDERSON  
2401 CASSLE LOOP  
CONVERSE, LA 71419

**Operator ID: 27566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LENARD F SANDOVAL  
4419 GRANTHAM DR  
PINEVILLE, LA 71360

**Operator ID: 3952**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK S SANFILIPPO  
711 SOUTH 6TH ST  
EUNICE, LA 70535

**Operator ID: 14247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PABLO SANMARTIN  
100 DAHLIA ST  
METAIRIE, LA 70005

**Operator ID: 20666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL B SANTANGELO  
4269 BERTHLOT ST  
ADDIS, LA 70710

**Operator ID: 27946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ULYSSES A SANTIAGO  
1215 LIZARDI STREET  
NEW ORLEANS, LA 70117

**Operator ID: 7494**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MORRIS SAPIA  
40132 SILVERADO LN  
FRANKLINTON, LA 70438

**Operator ID: 26252**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRIAN SAPP  
P O BOX 310  
COLFAX, LA 71417

**Operator ID: 3956**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE L SAUCIER  
740 AVE B  
MARRERO, LA 70072

**Operator ID: 33186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>OP-IN-TRAINING - WD</b>	<b>20.00</b>
<b>OP-IN-TRAINING - WP</b>	<b>10.00</b>
<b>OP-IN-TRAINING - WT</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOWARD J SAUCIER, JR  
3008 OSCAR RIVETTE RD  
ARNAUDVILLE, LA 70512

**Operator ID: 37110**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY B SAUCIER  
10976 HIGHWAY 182 WEST  
FRANKLIN, LA 70538

**Operator ID: 3961**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUIS J SAUCIER  
P.O. BOX 7144  
ALEXANDRIA, LA 71306

**Operator ID: 5863**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AUSTIN J SAVOIE  
324 JESSIE ST  
OPELOUSAS, LA 70570

**Operator ID: 6448**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL T SAVOY  
11667 BECO RD  
ST AMANT, LA 70774

**Operator ID: 12119**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEAL P SAVOY  
44119 STRINGER BRIDGE RD  
ST AMANT, LA 70774

**Operator ID: 12248**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAURA S SAVOY  
700 LANDRY ST  
SULPHUR, LA 70663

**Operator ID: 28206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY J SAVOY  
5346 STANDARD MILL ROAD  
RAYNE, LA 70578

**Operator ID: 3965**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT E SAWYER  
291 SHERWOOD DRIVE  
DRY PRONG, LA 71423

**Operator ID: 6173**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER S SCALISI  
209 S KNAPP  
LOWA, LA 70647

**Operator ID: 28386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY D SCARBOROUGH  
P O BOX 112  
FORDOCHE, LA 70732

**Operator ID: 10643**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN C SCARDINA  
21021 VERMONT ST  
LIVINGSTON, LA 70754

**Operator ID: 3973**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNY P SCELFO  
91 LEE STREET  
FRANKLIN, LA 70538

**Operator ID: 8673**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY A SCHEELER, III  
P.O. BOX2201  
CHALMETTE, LA 70044

**Operator ID: 10438**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE A SCHEXNAIDER  
9202 LA HWY 82  
ABBEVILLE, LA 70510

**Operator ID: 7911**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN H SCHEXNAIDER, JR  
177 PRIMROSE DR.  
THIBODAUX, LA 70301

**Operator ID: 7912**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NELSON Y SCHEXNAYDER  
32164 DARREN ROAD  
PAULINA, LA 70763

**Operator ID: 8470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

CLINT A SCHEXNAYDRE  
6243 BEAU DOUGLAS AVENUE  
GONZALES, LA 70737

**Operator ID: 10313**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BART V SCHILLAGE  
#12 SPANISH FORT SHELL RD  
NEW ORLEANS, LA 70122

**Operator ID: 3985**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

CHARLES E SCHLICHER  
48372 WOODHAVEN RD  
TICKFAW, LA 70466

**Operator ID: 3988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAWN D SCHMILL  
102 EARLY ST  
PARADIS, LA 70080

**Operator ID: 8471**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW C SCHOLVIN  
29250 STICKER BAY ROAD  
LACOMBE, LA 70445

**Operator ID: 3992**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A SCHULTZ  
6 HOLLY DRIVE  
GRETNA, LA 70053

**Operator ID: 9618**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AMY K SCHULZE  
7184 LAKELAND DR  
ZACHARY, LA 70791

**Operator ID: 13148**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS F SCHWARTZ  
POST OFFICE BOX 29  
SLAUGHTER, LA 70777

**Operator ID: 11287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY A SCHWERTNER  
7121 SHADOW LANE  
LAKE CHARLES, LA 70605

**Operator ID: 5561**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY P SCOGGIN  
907 GRACE  
JENNINGS, LA 70546

**Operator ID: 32846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J SCOTT  
P O BOX 186  
GRAMERCY, LA 70052

**Operator ID: 14592**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRICIA B SCOTT  
3724 ASPEN DR  
HARVEY, LA 70058

**Operator ID: 20412**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN T SCOTT  
39522 CAMP DRIVE  
PRAIRIEVILLE, LA 70769

**Operator ID: 31966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL O SCOTT  
7048 GRACE ANN LANE  
SHREVEPORT, LA 71107

**Operator ID: 35786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNDAL K SCOTT  
79 STANTON HALL  
DESTREHAN, LA 70047

**Operator ID: 4000**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRED E SCOTT  
P O BOX 757  
ST JOSEPH, LA 71366

**Operator ID: 5269**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L SCOTT  
1408 KIRBY STREET  
SHREVEPORT, LA 71103

**Operator ID: 6134**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY E SCOTT  
225 OLD OAK LANE  
LEESVILLE, LA 71446

**Operator ID: 6208**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BYRON L SCOTT  
4809 FRANCIS DR  
NEW ORLEANS, LA 70126

**Operator ID: 6340**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL J SCOTT  
POST OFFICE BOX 1174  
OPELOUSAS, LA 70571

**Operator ID: 9909**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY W SCROGGS  
PO BOX 256  
DEVILLE, LA 71328

**Operator ID: 4004**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONNA R SEABAUGH  
421 BOWMER LANE  
SULPHUR, LA 70663

**Operator ID: 7146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST W SELF  
5131 HWY 9  
CRESTON, LA 71070

**Operator ID: 10315**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY L SELF  
43115 SYCAMORE BEND AVE  
GONZALES, LA 70737

**Operator ID: 6732**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE A SELLERS  
2353 DAVID RAINES  
SHREVEPORT, LA 71107

**Operator ID: 4015**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM D SELLERS  
612 AVENUE G  
KENTWOOD, LA 70444

**Operator ID: 4016**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY J SEMIEN  
2237 CLINE ST  
LAKE CHARLES, LA 70601

**Operator ID: 19051**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAROLD W SEMIEN  
1658 LEDAY STREET  
OPELOUSAS, LA 70570

**Operator ID: 5906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND L SENECA  
58855 HYMEL DR  
WHITE CASTLE, LA 70788

**Operator ID: 9363**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY L SENEZ  
33835 GALLOWAY ROAD  
WALKER, LA 70785

**Operator ID: 5193**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAL M SENN  
229 HWY 852  
RAYVILLE, LA 71269

**Operator ID: 4021**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY J SENTIMORE  
10151 CURRAN STREET  
APT # 89  
NEW ORLEANS, LA 70127

**Operator ID: 12947**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMMIE O SEPT  
7024 KENT DRIVE  
BAKER, LA 70714

**Operator ID: 8361**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VICTOR L SEPULVADO  
92 VICTOR LN  
NOBLE, LA 71462

**Operator ID: 14248**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE L SEPULVADO  
68 SHAMROCK RD  
NOBLE, LA 71462

**Operator ID: 5251**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COREY N SERPAS  
22087 SOUTH RIDGE DR  
PONCHATOULA, LA 70454

**Operator ID: 26628**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN SERVAT  
10 GLACIER STREET  
KENNER, LA 70065

**Operator ID: 4023**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYLAN K SEYMORE  
312 WAYSIDE DR.  
HOUMA, LA 70360

**Operator ID: 24186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STANLEY B SHADDOCK  
PO BOX 395  
COTTON VALLEY, LA 71018

**Operator ID: 9359**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER W SHANABARGER  
115 N 14TH ST  
KINDER, LA 70648

**Operator ID: 10316**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID R SHANKS  
35163 STONE CASTLE DR  
DENHAM SPRINGS, LA 70726-8538

**Operator ID: 4029**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT A SHARP  
87234 HWY 25  
FRANKLINTON, LA 70438

**Operator ID: 12452**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY J SHARP  
13 EGRET  
ANGOLA, LA 70712

**Operator ID: 30287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD L SHARP, SR  
29946 HWY 444  
SPRINGFIELD, LA 70462

**Operator ID: 8676**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM D SHAW  
345 WAYNE DR  
SHREVEPORT, LA 71105

**Operator ID: 26506**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE W SHAW, JR  
21831 HWY 371  
COTTON VALLEY, LA 71018

**Operator ID: 6198**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS S SHEAFFER  
5608 WEST FOREST ISLE  
APT 698  
NEW ORLEANS, LA 70131

**Operator ID: 4032**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R SHELBURNE  
343 ROCKY BRANCH RD  
FARMERVILLE, LA 71241

**Operator ID: 26946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY W SHELLEN  
POST OFFICE BOX 3  
ALBANY, LA 70711

**Operator ID: 8518**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN K SHELLNBARGER  
271 LONGACRE RD  
DERIDDER, LA 70634

**Operator ID: 7548**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY D SHELTON  
9316 PINE GROVE ST  
SHREVEPORT, LA 71118

**Operator ID: 17306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE R SHELVIN  
413 WEST MINOR ST  
GONZALES, LA 70737

**Operator ID: 8894**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K SHELVEY, SR  
228 WILLIAM ST  
RACELAND, LA 70394

**Operator ID: 6913**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID D SHEPARD  
9912 HWY 28 WEST  
BOYCE, LA 71409

**Operator ID: 23949**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NICOLE B SHEPHERD  
110 PENNY LANE  
LECOMPTE, LA 71346

**Operator ID: 7943**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY L SHEPPARD  
159 BELLE GROVE CIR  
VIDALIA, LA 71373-3006

**Operator ID: 4041**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID L SHERRILL  
P O BOX 682  
JENA, LA 71342

**Operator ID: 10317**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KAREN L SHERRILL  
618 SHERRILL ROAD  
ATHENS, LA 71003

**Operator ID: 10318**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REUBEN T SHERRILL  
337 RICH RD  
ARCADIA, LA 71001

**Operator ID: 6277**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT SHIELDS, JR  
13011 STONE DR

**Operator ID: 5162**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL W SHOEMAKER  
30213 HUFF CHAPEL RD  
SPRINGFIELD, LA 70462

**Operator ID: 12130**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY E SHRIVER  
18400 LEGION ROAD  
FRENCH SETTLEMENT, LA 70733

**Operator ID: 5945**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY A SHULER  
230 GRANDVIEW DR  
CHATHAM, LA 71226

**Operator ID: 11735**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILL J SHULER  
411 LOUISIANA AVE  
WINNFIELD, LA 71483

**Operator ID: 5151**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL P SHULER  
380 SHULER RD  
BOYCE, LA 71409

**Operator ID: 5189**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN J SHULIN  
724 VANDERBILT LN.  
KENNER, LA 70065

**Operator ID: 4055**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN D SHUMWAY  
1240 KINGS VIEW CIR  
JACKSON, LA 70740

**Operator ID: 7033**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEWAYNE L SHYNE  
118 GEORGIA DR  
MINDEN, LA 71055

**Operator ID: 17307**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS E SIGLER  
104 SADY LANE  
PINEVILLE, LA 71360

**Operator ID: 6453**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY E SIKES  
POST OFFICE BOX 605  
NEWELLTON, LA 71357

**Operator ID: 5494**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARCUS E SIKES  
228 WILLS ROAD  
POLLOCK, LA 71467

**Operator ID: 5946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMAL J SIMEON  
2528 WHIPPLETREE DR  
HARVEY, LA 70058

**Operator ID: 8406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD T SIMIEN  
1313 NORTH WENDELL ST  
LAKE CHARLES, LA 70601

**Operator ID: 4065**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM E SIMMERS  
32560 GRAHAM ST  
WHITE CASTLE, LA 70788

**Operator ID: 4067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER F SIMMONS  
P O BOX 1291  
ROSEPINE, LA 70659

**Operator ID: 26647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARL SIMMONS, SR  
2185 WELLINGTON LANE  
SLIDELL, LA 70461

**Operator ID: 35606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN R SIMMONS  
1734 SAM HOUSTON JONES P  
MOSS BLUFF, LA 70611

**Operator ID: 4069**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRY G SIMMONS, III  
1445 HIGHWAY 27  
DERIDDER, LA 70634

**Operator ID: 4074**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT D SIMMONS  
1570 SAM WEBB LOOP  
NOBLE, LA 71462

**Operator ID: 5231**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 3**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J SIMMS  
57845 NEW ERWIN DRIVE  
PLAQUEMINE, LA 70767

**Operator ID: 31586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NIKITA J SIMON  
1108 11TH STREET  
LAKE CHARLES, LA 70601

**Operator ID: 20016**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH D SIMON  
1500 LACADIE DR UNIT B  
LAKE CHARLES, LA 70605

**Operator ID: 28106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADLES SIMON  
161 DEVALL RD  
CAMERON, LA 70645

**Operator ID: 30668**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEAN A SIMON  
4317 NORTHSIDE RD  
NEW IBERIA, LA 70563

**Operator ID: 4081**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY J SIMON  
923 EATON DR  
ABBEVILLE, LA 70510

**Operator ID: 6219**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

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**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EFRON L SIMON  
1313 OKLAHOMA ST  
LAKE CHARLES, LA 70607

**Operator ID: 6286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KURT A SIMONEAUX  
2800 LITTLE FLOCK ROAD  
MANY, LA 71449

**Operator ID: 10322**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE J SIMONEAUX  
42434 BLYTH AVE  
PONCHATOULA, LA 70454-9498

**Operator ID: 20946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATIENCE M SIMONEAUX  
2800 LITTLE FLOCK RD  
MANY, LA 71429

**Operator ID: 30867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY F SIMONEAUX  
2703 HWY 308  
LABADIEVILLE, LA 70372

**Operator ID: 33347**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN R SIMPSON  
9696 HAYNE BLVD APT M24  
NEW ORLEANS, LA 70127

**Operator ID: 11411**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH W SIMPSON  
752 MARCELLIOUS LANE  
BATON ROUGE, LA 70802

**Operator ID: 19726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARION J SIMPSON  
5930 GILLY WILLIAMS ROAD  
PINEVILLE, LA 71360

**Operator ID: 4093**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOLLIS R SIMPSON, III  
59655 HWY 1148  
LOT 164  
PLAQUEMINE, LA 70764

**Operator ID: 7140**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY D SIMPSON  
12940 MCRAVEN CT.  
NEW ORLEANS, LA 70128

**Operator ID: 7666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JWILL H SIMS, III  
121 FOSSON LN  
LAKE CHARLES, LA 70607

**Operator ID: 11433**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYFORD SIMS, JR.  
POST OFFICE BOX 132  
FISHER, LA 71426

**Operator ID: 6458**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E SIMS  
1651 DAVIS STREET  
BAKER, LA 70714

**Operator ID: 9736**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM SINDEN  
1410 E LAKESHORE DR  
CARRIERE, MS 39426

**Operator ID: 4099**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM J SINGLETON  
11435 E. BLACKOAK DR  
BATON ROUGE, LA 70815

**Operator ID: 32867**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R SIRAGUSA  
546 MAC ARTHUR AVENUE  
HARVEY, LA 70058

**Operator ID: 11379**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEO M SIVERAND  
682 ANDREPONT ROAD  
OPELOUSAS, LA 70570

**Operator ID: 27726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLIFTON H SIVERD, JR  
1646 WEBSTER ST  
MANDEVILLE, LA 70448

**Operator ID: 19128**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENNIE B SKAINS  
188 BEARDEN EST RD  
FARMERVILLE, LA 71241

**Operator ID: 8682**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LINDA B SKAPURA  
548 POLYTECH DRIVE  
BATON ROUGE, LA 70808

**Operator ID: 4109**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD SKYLES  
9458 MCADOO  
SHREVEPORT, LA 71118

**Operator ID: 4111**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE B SLACK  
3301 W ESPLANADE AVE N  
APT 7116  
METAIRE, LA 70002

**Operator ID: 36515**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARRELL S SLAUGHTER  
181 C RACHAL RD  
POLLOCK, LA 71467

**Operator ID: 36189**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEONARD R SLAY  
125 SEALS ROAD  
POLLOCK, LA 71467

**Operator ID: 4116**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL B SLOVENSKY  
6536 AUGIE LYONS RD  
SULPHUR, LA 70665

**Operator ID: 19130**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES L SMART  
92 LYNN CEMETERY RD  
MANGHAM, LA 71259

**Operator ID: 8363**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARRY SMILEY  
POST OFFICE BOX 337  
DUPLESSIS, LA 70728

**Operator ID: 11567**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN T SMILEY  
POST OFFICE BOX 795  
WALKER, LA 70785

**Operator ID: 5528**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LANNY P SMIT  
702 PRAIRIE ROAD NORTH  
FRANKLIN, LA 70538

**Operator ID: 25888**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COREY A SMITH  
104 JODIE DRIVE  
HAUGHTON, LA 71037

**Operator ID: 10019**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE SMITH, JR  
POST OFFICE BOX 718  
NEW ROADS, LA 70760

**Operator ID: 11102**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST T SMITH  
4827 CAMP STREET  
NEW ORLEANS, LA 70115

**Operator ID: 11412**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTHA L SMITH  
42153 GARDEN DR  
PONCHATOULA, LA 70454

**Operator ID: 11484**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LINDA L SMITH  
POST OFFICE BOX 111  
SLAGLE, LA 71475

**Operator ID: 11737**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DERRIUS M SMITH  
1108 FLANAGAN RD LOT 1  
WEST MONROE, LA 71291-9054

**Operator ID: 11821**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R SMITH  
242 CARROLLTON AVENUE  
SHREVEPORT, LA 71105

**Operator ID: 12239**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICIA A SMITH  
1635 N HARCO DR  
# 7-B4  
BATON ROUGE, LA 70815

**Operator ID: 14727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN G SMITH  
123 RAT TERRIER LANE  
PLAIN DEALING, LA 71064

**Operator ID: 16606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELIZABETH B SMITH  
3906 CHAUVIN LANE  
MONROE, LA 71201

**Operator ID: 16726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KARLA A SMITH  
669 J ALEXANDER RD  
LOGANSPOUT, LA 71049

**Operator ID: 25466**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN J SMITH  
2233 WILLIAMSBURG DR  
LAPLACE, LA 70068

**Operator ID: 27226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVION T SMITH  
2606 ISABEL ST  
HOUMA, LA 70363

**Operator ID: 28327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN C SMITH  
348 WATERPLANT RD  
MANSFIELD, LA 71045

**Operator ID: 29426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIS E SMITH  
PO BOX 252  
TANGIPAHOA, LA 70465

**Operator ID: 29926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW SMITH  
599 CLAIBOURNE RD  
CALHOUN, LA 71225

**Operator ID: 30671**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK SMITH  
2751 FRANKFORT  
NEW ORLEANS, LA 70122

**Operator ID: 32868**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD R SMITH  
103 EMERALD DR APT 229  
MINDEN, LA 71055

**Operator ID: 35006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONATHAN R SMITH  
40023 GERMANY RD  
GONZALES, LA 70737

**Operator ID: 36287**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY W SMITH  
13925 CAROLYN ST  
WALKER, LA 70785

**Operator ID: 36290**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD D SMITH  
73303 PENN MILL ROAD  
COVINGTON, LA 70435

**Operator ID: 4134**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH S SMITH  
2733 GALLINGHOUSE ST  
NEW ORLEANS, LA 70131

**Operator ID: 4143**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A SMITH  
2048 LUMAS RD  
DERIDDER, LA 70634

**Operator ID: 4145**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS B SMITH  
120 SHANGHAI RD  
BALL, LA 71405

**Operator ID: 4148**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES A SMITH  
1494 JOUBERT ST  
JENA, LA 71342

**Operator ID: 4166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER Y SMITH  
2716 SIEVERS  
MARRERO, LA 70072

**Operator ID: 5026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS E SMITH  
PO BOX 1257  
WEST MONROE, LA 71294-5888

**Operator ID: 5166**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD J SMITH  
212 FACADE RD  
CARENCRO, LA 70520

**Operator ID: 5718**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY SMITH, JR  
349 CASSIDY LANE  
LOCKPORT, LA 70374

**Operator ID: 6914**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN A SMITH  
1613 YORKTOWN DRIVE  
LAPLACE, LA 70068

**Operator ID: 7034**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES J SMITH  
136 MADDEN ROAD  
ARCADIA, LA 71001

**Operator ID: 7439**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TANYA K SMITH  
5885 JEFFERSON PAIGE ROAD  
SHREVEPORT, LA 71119

**Operator ID: 7452**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARON A SMITH  
POST OFFICE BOX 4182  
NEW ORLEANS, LA 70178

**Operator ID: 7499**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY R SMITH  
58 MORACE ROAD  
DEVILLE, LA 71328

**Operator ID: 7944**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLIE A SMITH  
313 MAIN ST  
DELHI, LA 71232

**Operator ID: 7945**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST R SMITH, SR  
114 SALT POND ROAD  
OLLA, LA 71465

**Operator ID: 7946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J SMITH  
5665 HAWTHORNE PLACE  
NEW ORLEANS, LA 70124

**Operator ID: 8277**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN T SMITH  
299 CUTTS ROAD  
OTIS, LA 71466

**Operator ID: 8683**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE D SMITH  
P O BOX 312  
GILLIAM, LA 71029

**Operator ID: 9078**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOYD D SMITH  
1234 STACI LANE  
SULPHUR, LA 70665

**Operator ID: 9421**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON R SNEAD  
8362 BEEBE DR  
GREENWOOD, LA 71033

**Operator ID: 26507**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALBERT SNEED, JR  
P O BOX 62  
13856 SEIBERT ST  
VENTRESS, LA 70723

**Operator ID: 6273**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAUN V SNIDER  
4929 GENERAL ASHLEY  
BOSSIER CITY, LA 71112

**Operator ID: 11495**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JONYELLE L SNOW  
5720 SOUTH LAKESHORE DR  
APT # 505  
SHREVEPORT, LA 71119

**Operator ID: 34266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONNIE B SOBER, JR  
64 GRAND PIERRE RD  
PINEVILLE, LA 71301

**Operator ID: 5426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID T SODEN  
POST OFFICE BOX 1854  
SLIDELL, LA 70459

**Operator ID: 10693**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R SOILEAU  
474 MARSH BAYOU ROAD  
RAGLEY, LA 70657

**Operator ID: 34706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K SOILEAU  
5488 HIGHWAY 190  
EUNICE, LA 70535

**Operator ID: 5116**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C SOILEAU  
272 DESHOTEL RD  
OAKDALE, LA 71463

**Operator ID: 5853**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATHEW SOILEAU  
15171-1 HWY 1078  
FOLSOM, LA 70437

**Operator ID: 7310**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER C SOILEAU  
80 FREDRICKSBURG RD  
BOYCE, LA 71409

**Operator ID: 8300**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HECTOR L SOLER  
37420 CYPRESS TRACE AVE  
GEISMAR, LA 70734

**Operator ID: 11538**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG SOLLBERGER  
34438 HWY 433  
SLIDELL, LA 70460

**Operator ID: 4185**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN J SONIAT  
PO BOX 462  
ADDIS, LA 70710

**Operator ID: 4186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD J SONNIER, SR  
4582 HICKORY BRANCH ROAD  
LAKE CHARLES, LA 70611

**Operator ID: 11380**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY D SONNIER  
1318 KIMBERLY DR  
JENNINGS, LA 70546

**Operator ID: 15906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M SONNIER  
P.O. BOX 1037  
KINDER, LA 70648

**Operator ID: 24607**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD W SONNIER  
4237 KOLL ROAD  
JENNINGS, LA 70546

**Operator ID: 26750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS C SONNIER  
309 KELLER ST  
CROWLEY, LA 70526

**Operator ID: 29126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BECKY C SOPRANO  
PO BOX 195  
CENTERVILLE, LA 70522

**Operator ID: 8365**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY S SOULIER  
12254 LA HWY 697  
MAURICE, LA 70555

**Operator ID: 7638**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DELBERT E SPANGLER  
198 ANDERSON LANE  
COLUMBIA, LA 71418

**Operator ID: 13326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KATHRYN L SPARKS  
1599 BURMA ROAD  
THIBODAU, LA 70301

**Operator ID: 31366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRENCE SPEARMAN  
1628 MOORES DAIRY RD  
RUSTON, LA 71270

**Operator ID: 27707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMIE R SPEARS  
992 HWY 135  
WINNSBORO, LA 71295

**Operator ID: 5363**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY D SPEIGHT  
6261 DESS ROAD  
FLORIEN, LA 71429

**Operator ID: 7948**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY J SPELL, JR  
22277 SIDNEY SPELL ROAD  
BUSH, LA 70431

**Operator ID: 10493**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM H SPELL  
3736 SIR WILLIAM CT  
BATON ROUGE, LA 70816

**Operator ID: 10985**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL R SPELL  
6333 W WHITNEY  
MORSE, LA 70559

**Operator ID: 15926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID M SPENCER  
19600 N 12TH STREET  
APT 5203  
COVINGTON, LA 70433

**Operator ID: 28266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERMAN H SPILLER  
PO BOX 54  
FOREST HILL, LA 71430

**Operator ID: 5138**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND D SPILLMAN  
57394 MINT MILEY RD  
ANGIE, LA 70427

**Operator ID: 19146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES A ST ANN  
1110 1/2 6TH ST  
GRETNA, LA 70053

**Operator ID: 33726**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TINA W ST CLAIR  
1 SHADE TREE DRIVE  
CARRIER, MS 39426

**Operator ID: 8640**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MISTI L ST.JOHN  
345 AREA 4 RD  
LOT 10  
WEST MONROE, LA 71292

**Operator ID: 17746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH B ST.JOHN  
345 AREA 4 RD LOT 10  
WEST MONROE, LA 71292

**Operator ID: 29286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

**Return this form and check or money order payable to:**

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRACEY J ST.JULIEN  
613 COMPTON ST  
NEW IBERIA, LA 70560

**Operator ID: 15946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH ST.ROBERT  
PO BOX 6501  
NEW ORLEANS, LA 70174

**Operator ID: 20414**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARNELL P ST.ROMAIN  
PO BOX 1901  
DENHAM SPRINGS, LA 70727

**Operator ID: 4231**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L STAEHLE  
313 EAST NORTH LOOP  
OAKDALE, LA 71463

**Operator ID: 5240**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL C STAFFEN  
185 BELLE TERRE BLVD.  
LAPLACE, LA 70068

**Operator ID: 9792**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON K STAFFORD  
30490 N CORBIN ROAD  
WALKER, LA 70785

**Operator ID: 11294**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY T STALLINGS  
2029 SOUTH GLENCOVE LANE  
TERRYTOWN, LA 70056

**Operator ID: 17906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J STAMM  
6210 CATINA ST  
NEW ORLEANS, LA 70124

**Operator ID: 28337**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W STANLEY  
2549 COOPER CHURCH ROAD  
LEESVILLE, LA 71446

**Operator ID: 13226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD STANWOOD  
6881 PARC BRITTANY BLVD  
APT G102  
NEW ORLEANS, LA 70126

**Operator ID: 35410**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EVERETT STAPLER, JR  
2015 HWY 308-S  
DONALDSONVILLE, LA 70346

**Operator ID: 4240**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD G STAPLES  
241 BEULAH ROAD  
CALHOUN, LA 71225

**Operator ID: 11822**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOYLE D STEADMAN  
803 WHITFIELD DRIVE  
NATCHITOCHES, LA 71457

**Operator ID: 11104**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MERRILL T STEEL  
1025 PERRY STREET  
GRETNA, LA 70053

**Operator ID: 9740**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONNY E STEELE  
124 MEADOW WOOD  
JENA, LA 71342

**Operator ID: 4246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM A STEGALL  
POST OFFICE BOX 790  
DENHAM SPRINGS, LA 70810

**Operator ID: 7758**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SUSAN L STEGALL  
POST OFFICE BOX 790  
DENHAM SPRINGS, LA 70727

**Operator ID: 7793**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH D STELLY  
461 LONGWOOD DR  
OPELOUSAS, LA 70570

**Operator ID: 30987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD D STELLY  
16724 NANSON RD  
ABBEVILLE, LA 70510

**Operator ID: 4249**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDDIE T STELLY  
1482 HWY 361  
WASHINGTON, LA 70589

**Operator ID: 8686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE STELLY  
7910 LA HWY 343  
MAURICE, LA 70555

**Operator ID: 9445**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREDRICK D STEMLEY  
7715 PANOLA ST  
NEW ORLEANS, LA 70118

**Operator ID: 32886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE STEPHANY  
128 WANDA ST  
LULING, A 70070

**Operator ID: 4252**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRICK S STEPHENS  
4650 LAKESHORE DR APT 88  
SHREVEPORT, LA 71109-2920

**Operator ID: 10806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W STEPHENS  
6405 WOODIE RD  
BASTROP, LA 71220

**Operator ID: 36448**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W STEPHENS  
4650 LAKESHORE DR  
APT 88  
SHREVEPORT, LA 71109

**Operator ID: 5402**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD R STEPHENS  
12950 US 61 N  
ST FRANCISVILLE, LA 70775

**Operator ID: 6226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY G STEPHENSON  
316 EAST DIXIE STREET  
OAKDALE, LA 71463

**Operator ID: 8366**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH STERLING  
121 SALEM DR  
MONROE, LA 71202

**Operator ID: 13968**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN K STEVENS  
130 SPARTAN LOOP  
SLIDELL, LA 70458

**Operator ID: 12013**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES W STEVENS  
P. O. BOX 1352  
JENA, LA 71342

**Operator ID: 25891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD E STEVENS  
20 BENNETT DRIVE  
COVINGTON, LA 70435

**Operator ID: 4262**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL S STEVENS  
117 ANN LANE  
ST ROSE, LA 70087

**Operator ID: 4263**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY E STEVENSON  
209 HOLLYWOOD PARK RD  
LAPLACE, LA 70068

**Operator ID: 35403**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYNELL STEVENSON  
905 MONROE STREET  
GRETNA, LA 70053

**Operator ID: 4264**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWIN STEWARD, JR  
PO BOX 11401  
NEW IBERIA, LA 70562

**Operator ID: 6769**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN S STEWART  
P O BOX 26  
110 STEWART TRAIL  
DOYLINE, LA 71023

**Operator ID: 27774**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THEODORE A STEWART  
1246 ADMIRAL NELSON DR  
SLIDELL, LA 70461

**Operator ID: 4265**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM W STEWART, JR  
3280 STOKES RD  
CROWLEY, LA 70526-5734

**Operator ID: 4271**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JODY W STEWART  
25445 BLACK LAKE AVE  
LIVINGSTON, LA 70754

**Operator ID: 5730**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY A STILES  
543 MARTHA WOODS ROAD  
HEFLIN, LA 71039

**Operator ID: 9099**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LONNIE D STILSON  
P O BOX 778  
DUSON, LA 70529

**Operator ID: 28068**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLARENCE R STINSON  
782 NEW ZION RD  
WINNSBORO, LA 71295

**Operator ID: 6067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HARRY W STOCKDILL, JR  
1023 4TH STREET  
MORGAN CITY, LA 70380

**Operator ID: 4275**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY R STOCKMAN  
636 CYPRESS CREEK ROAD  
OAKDALE, LA 71463

**Operator ID: 7549**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE W STOKES, JR  
122 ERIKA DR  
LAFAYETTE, LA 70506

**Operator ID: 10912**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD D STOKES, JR  
3906 BORDEAUX DR  
SHREVEPORT, LA 71108

**Operator ID: 12240**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND STOKES  
PO BOX 6715  
NEW ORLEANS, LA 70174

**Operator ID: 7501**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY K STOKLEY  
38151 WILLOW LAKE EAST AV  
PRAIRIEVILLE, LA 70769

**Operator ID: 11387**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN M STRACENER  
908 WEST CLAUDE STREET  
LAKE CHARLES, LA 70605

**Operator ID: 5695**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES E STRICKLIN, JR  
110 PECAN LAKE ESTATES  
MONROE, LA 71203

**Operator ID: 4289**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES G STRINGER  
792 ZACHARY TAYLOR ROAD  
MANY, LA 71449

**Operator ID: 4290**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT STROHMEYER  
4032 DELERY DR  
MARRERO, LA 70072

**Operator ID: 4292**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRADY K STROTHER  
POST OFFICE BOX 269  
OAKDALE, LA 71463

**Operator ID: 9742**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C STUART  
PO BOX 131  
COLUMBIA, LA 71418

**Operator ID: 4294**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS M STUMP  
15926 HWY 157  
BENTON, LA 71006

**Operator ID: 17386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIT A STUTES  
7354 HWY 1133  
SULPHUR, LA 70665

**Operator ID: 26210**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK J STUTES  
125 LEROY BREAUX  
CARENCRO, LA 70578

**Operator ID: 4296**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOMER T SULLIVAN  
615 EAST CAROLINE ST  
PLAIN DEALING, LA 71064

**Operator ID: 31866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARYL SUMMERS  
445 SUMMERS ROAD  
RAYVILLE, LA 71269

**Operator ID: 10556**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GARY W SURLES  
308 BAUGHMAN LAKE DRIVE  
FARMERVILLE, LA 71241

**Operator ID: 8212**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANNON T SUTTON  
4037 ROBERT ST  
ZACHARY, LA 70791

**Operator ID: 10757**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W SUTTON  
308 STOW CREEK ROAD  
RUSTON, LA 71270

**Operator ID: 8524**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R SWEET  
12722 DARBY DR  
WALKER, LA 70785

**Operator ID: 31666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK A SWETLEDGE  
37301 WALKER NORTH RD  
WALKER, LA 70785

**Operator ID: 5587**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN P SWETLEDGE  
30641 WALKER NORTH RD  
WALKER, LA 70785

**Operator ID: 5673**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN C SWINEA  
1002 NAOMI CT  
SLIDELL, LA 70461

**Operator ID: 5143**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE M SWOPE  
1219 E. HOUSTON RIVER RD  
SULPHUR, LA 70663

**Operator ID: 11314**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODNEY SYLVE  
PO BOX 1662  
LACOMBE, LA 70445

**Operator ID: 18009**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK J SYLVE  
P.O. BOX 92  
PORT SULPHUR, LA 70083

**Operator ID: 24886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENNY E SYLVEST  
357 WREN RD  
DERIDDER, LA 70634

**Operator ID: 4316**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A TABOR  
709 RODER ST  
BERWICK, LA 70342

**Operator ID: 21326**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN J TABOR  
POST OFFICE BOX 712  
AMELIA, LA 70340

**Operator ID: 4321**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAY P TALBERT  
4644 CAMELOT DRIVE  
NEW ORLEANS, LA 70127

**Operator ID: 4325**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A TALBOT  
1101 LOBDELL AVE  
BATON ROUGE, LA 70806

**Operator ID: 9767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SANDY R TANKERSLEY  
40 HOOD BLVD  
FLORIEN, LA 71429

**Operator ID: 12854**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH S TANNER  
1285 ANTIOCH RD  
HOUMA, LA 71040

**Operator ID: 11296**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SEARS V TANNER  
175 LAKEVIEW DR  
LEESVILLE, LA 71446

**Operator ID: 8693**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WADE P TARRENCE  
PO BOX 92  
HWY 15  
POINTE-A-LA-HACHE, LA 70082

**Operator ID: 4339**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BERNELL TASSIN  
P O BOX 2823  
RESERVE, LA 70084

**Operator ID: 27426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFREY P TASSIN  
1860 FAUSTINE COURT  
LUTCHER, LA 70071

**Operator ID: 4341**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FERRIS TASTET  
POST OFFICE BOX 3651  
PARADIS, LA 70080

**Operator ID: 8475**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM H TATUM  
3436 CASA GRANDE  
BATON ROUGE, LA 70814-4813

**Operator ID: 8077**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE J TAYLOR  
669 OSCAR RIVETTE ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 10625**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON S TAYLOR  
151 DIXIE DR  
DES ALLEMANS, LA 70030

**Operator ID: 11108**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LATEEF T TAYLOR  
3511 7TH STREET  
ALEXANDRIA, LA 71302

**Operator ID: 11297**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

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---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON D TAYLOR  
14820 TOWN DRIVE  
BATON ROUGE, LA 70810

**Operator ID: 12036**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFFERY L TAYLOR  
3 HARMON RD  
SULPHUR, LA 70663

**Operator ID: 19226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENYA T TAYLOR  
2123 WOODLAND CT  
PORT ALLEN, LA 70767

**Operator ID: 27909**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRAVIS W TAYLOR  
1129 S JEFFERSON AVE  
COVINGTON, LA 70433

**Operator ID: 35686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL G TAYLOR  
5261 DONAHUE FERRY ROAD  
PINEVILLE, LA 71360

**Operator ID: 35888**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HUGH M TAYLOR  
2850 GARDERE LANE  
BATON ROUGE, LA 70820

**Operator ID: 4349**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS L TAYLOR  
1134 SIMON ANGELLE ROAD  
ARNAUDVILLE, LA 70512

**Operator ID: 4350**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEITH E TAYLOR  
44185 FERN ST  
HAMMOND, LA 70403

**Operator ID: 5921**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE P TAYLOR  
POST OFFICE BOX 70  
BREAUX BRIDGE, LA 70517

**Operator ID: 6465**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK W TAYLOR  
134 STANLEY ROAD  
STONEWALL, LA 71078

**Operator ID: 8215**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY W TAYLOR, JR  
461 RUTLEDGE  
SHREVEPORT, LA 71106

**Operator ID: 8998**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W TAYLOR  
907 WEST OLIVE ST  
WEST MONROE, LA 71292

**Operator ID: 9744**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TREY TELANO  
PO BOX 7237  
MONROE, LA 71211

**Operator ID: 10941**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J TEMPLET  
965 BEECHGROVE BLVD  
APT F  
WESTWEGO, LA 70094

**Operator ID: 10681**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HENRY M TEMPLET  
PO BOX 163  
LABADIEVLE, LA 70372

**Operator ID: 4364**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD R TEMPLET  
43481 HELEN LN  
ST AMANT, LA 70774

**Operator ID: 5106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PHILLIP M TERRELL  
150 TERRELL LANE  
CALHOUN, LA 71225

**Operator ID: 11524**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WYMON W TERRELL  
141 BUCK TERRELL ROAD  
ELMER, LA 71424

**Operator ID: 7755**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARREN M TERRITA  
125 PLEASANT VALLEY  
DES ALLEMANS, LA 70030

**Operator ID: 4370**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON A TERRY  
12500 HWY159  
SHONGALOO, LA 71072

**Operator ID: 11795**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TARAH N TERRY  
12500 HWY. 159  
SHONGALOO, LA 71072

**Operator ID: 30672**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELISSA A TERRY  
69 HORACE ST  
SAN FRANCISCO, CA 94110

**Operator ID: 34966**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH L TERRY  
717 REX POOLE ROAD  
HARRISONBURG, LA 71340

**Operator ID: 6467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN V TESVICH  
122 MIRE COURT  
SLIDELL, LA 70458

**Operator ID: 4375**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CRAIG J THERIOT  
1047 DEVILLIER STREET  
HENDERSON, LA 70517

**Operator ID: 25908**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM G THERIOT  
4949 VEROT SCHOOL RD  
YOUNGVILLE, LA 70592

**Operator ID: 27526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

IVY R THERIOT  
628 MARMANDE STREET  
HOUMA, LA 70363

**Operator ID: 5043**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES E THERIOT  
204 BICKERTON DR  
LAFAYETTE, LA 70508

**Operator ID: 5148**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KONRAD L THERIOT  
5013 MOBILE DRIVE  
BLDG 8010  
BATON ROUGE, LA 70817

**Operator ID: 7647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WARREN J THERIOT  
POST OFFICE BOX 150  
BLDG 8010  
PLAQUEMINE, LA 70765-0150

**Operator ID: 8500**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAGRETTA S THEUS  
5849 DIANNE ST  
SHREVEPORT, LA 71119

**Operator ID: 11335**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT A THIBODAUX  
108 EMERALD DR  
THIBODAUX, LA 70301

**Operator ID: 10327**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARY N THIBODAUX  
316 PATTERSON ST  
HOUMA, LA 70363

**Operator ID: 4383**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE P THIBODEAUX, JR  
3906 DAVIS ROAD  
NEW IBERIA, LA 70560

**Operator ID: 10664**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE J THIBODEAUX  
POST OFFICE BOX 990  
GRAY, LA 70359

**Operator ID: 11298**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL THIBODEAUX  
2511 GLENLEA STREET  
LAKE CHARLES, LA 70605

**Operator ID: 11889**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A THIBODEAUX  
3970 HWY 14 LOT 21  
LAKE CHARLES, LA 70607

**Operator ID: 15987**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COREY THIBODEAUX  
P O BOX 53  
CHATAIGNIER, LA 70524

**Operator ID: 27347**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CURTIS J THIBODEAUX  
2940 SOUTH FIELDSPAN ST  
DUSON, LA 70529

**Operator ID: 4386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AUGUST THIBODEAUX  
2940 SOUTH FIELDSPAN ST  
DUSON, LA 70529

**Operator ID: 4389**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN M THIBODEAUX  
910 OLGA STREET  
RAYNE, LA 70578

**Operator ID: 4394**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT A THIBODEAUX  
107 ELIZABETH ST  
LOCKPORT, LA 70374

**Operator ID: 4400**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BLANE C THIBODEAUX  
2940 SOUTH FEILDSPAN ROAD  
DUSON, LA 70529

**Operator ID: 5209**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL THIBODEAUX  
6014 N UNIVERSITY  
CARENCRO, LA 70520

**Operator ID: 5594**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT A THIBODEAUX  
407 LAUREN DRIVE  
SCOTT, LA 70583

**Operator ID: 8519**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHANIEL THIERRY  
1645 DUPRE RD  
OPELOUSAS, LA 70570

**Operator ID: 4405**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRADY L THIGPEN  
31391 HWY 36  
LACOMBE, LA 70445

**Operator ID: 4406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN B THOMAS  
2821 LINCOLN ST  
MONROE, LA 71202

**Operator ID: 10335**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SIDNEY J THOMAS, JR  
1039 EAGLE STREET  
FRANKLIN, LA 70538

**Operator ID: 11486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERBERT R THOMAS  
3443 EDENBORNE AVE  
APT 330  
METAIRIE, LA 70002

**Operator ID: 11534**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY R THOMAS  
16464 LONG LAKE DR.  
PRAIRIEVILLE, LA 70769-4294

**Operator ID: 12185**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRANCE J THOMAS  
3809 DEERRUN LN  
HARVEY, LA 70058

**Operator ID: 16226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ARTHUR M THOMAS  
14236 INTREPID ST  
NEW ORLEANS, LA 70129-2704

**Operator ID: 20418**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VINCENT A THOMAS  
1020 JAMES ST  
FRANKLIN, LA 70538

**Operator ID: 26986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LETTYE D THOMAS  
925 10TH ST  
FRANKLIN, LA 70538

**Operator ID: 27048**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL D THOMAS  
P O BOX 21  
WHITE CASTLE, LA 70788

**Operator ID: 31526**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CYNTHIA D THOMAS  
3030 CONGRESS BLVD  
APT 148  
BATON ROUGE, LA 70808

**Operator ID: 31710**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENYA D THOMAS  
55524 OLD US HWY 51  
INDEPENDENCE, LA 70443

**Operator ID: 32030**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M THOMAS  
PO BOX 230  
HEFLIN, LA 71039

**Operator ID: 4422**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCHMELLING A THOMAS  
P.O. BOX 924  
VILLE PLATTTE, LA 70586

**Operator ID: 4423**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN L THOMAS  
9165 SAN LO DRIVE  
BATON ROUGE, LA 70815

**Operator ID: 4427**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE C THOMAS  
663 MICHEAL ST  
MARRERO, LA 70072

**Operator ID: 8412**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELTON R THOMAS  
593 DENTON ROAD  
FARMERVILLE, LA 71241

**Operator ID: 8756**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARRELL L THOMAS  
3611 FREDERICK ST  
SHREVEPORT, LA 71109

**Operator ID: 9000**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L THOMPSON  
36457 MANCHAC TRACE AVE  
PRAIRIEVILLE, LA 70769

**Operator ID: 10761**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL H THOMPSON  
145 THOMPSON RD  
DUBACH, LA 71235

**Operator ID: 12855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM H THOMPSON  
P.O. BOX 514  
102 SOUTH OAK STREET  
JUNCTION CITY, LA 71749

**Operator ID: 13970**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KRISTOPHER L THOMPSON  
215 LAKE TAHOE DRIVE  
SLIDELL, LA 70461

**Operator ID: 29046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT L THOMPSON  
3104 TERRACE AVENUE  
SLIDELL, LA 70458

**Operator ID: 4434**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM THOMPSON  
39140 HWY 929  
PRAIRIEVILLE, LA 70769

**Operator ID: 4438**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY L THOMPSON  
2020 NORTH HEARNE AVE  
APT. 404  
SHREVEPORT, LA 71107

**Operator ID: 4440**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM M THOMPSON, JR  
PO BOX 1811  
HAMMOND, LA 70404

**Operator ID: 4441**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY L THOMPSON  
13415 HWY. 4  
BIENVILLE, LA 71008

**Operator ID: 6469**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID M THOMPSON  
10427 HWY 8  
PO BOX 189  
COLFAX, LA 71417

**Operator ID: 7301**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WESLEY THOMPSON  
53125 OLD UNEEDUS ROAD  
FOLSOM, LA 70437

**Operator ID: 9746**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY S THORN  
POST OFFICE BOX 228  
GEISMAR, LA 70734

**Operator ID: 9632**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL L THORNTON  
POST OFFICE BOX 181  
ZACHARY, LA 70791

**Operator ID: 10763**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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Center for Environmental Health Services

**INVOICE**

JAMES M THRASHER  
114 BARNES DAIRY ROAD  
WEST MONROE, LA 71291

**Operator ID: 37008**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BYRON H THRONSON  
3212 LOREAUVILLE RD  
NEW IBERIA, LA 70563

**Operator ID: 7648**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SAMUEL M THURMON  
660 BUD FARRAR ROAD  
LILLIE, LA 71256

**Operator ID: 9004**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SYLVESTER J TIBBIT  
903 KINGS RD  
LEESVILLE, LA 71446

**Operator ID: 31053**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD TILTON  
2408 E. SUNNY MEADE DR  
HARVEY, LA 70058

**Operator ID: 4450**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE R TIMBERLAKE  
510 ATEs RD  
PINEVILLE, LA 71360

**Operator ID: 10584**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL E TIMMONS  
2943 CVOC RD  
SAREPTA, LA 71071

**Operator ID: 8701**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN M TIMMONS  
2946 CVOC RD  
SAREPTA, LA 71071

**Operator ID: 8702**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRENT A TINSON, SR  
PO BOX 282  
POINTE-ALA-HACHE, LA 70082

**Operator ID: 4453**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL S TITUS, II  
42472 FOREST LANE  
HAMMOND, LA 70403

**Operator ID: 36707**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN A TOALSTON, JR  
127 CROOM ST  
MOORINGSPORT, LA 71060

**Operator ID: 10675**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MELVIN A TOALSTON, SR  
P O BOX 425  
MOORINGSPORT, LA 71060

**Operator ID: 11546**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE D TOBIAS  
211 WALLER ST  
BOSSIER CITY, LA 71171-5337

**Operator ID: 28846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D TOLBERT  
POST OFFICE BOX 335  
WOODWORTH, LA 71405

**Operator ID: 6339**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TODD A TORREGANO  
28490 OAK KNOLL ROAD  
ABITA SPRINGS, LA 70420

**Operator ID: 10935**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOEL A TORRES  
158 THOROUGHbred  
LAPLACE, LA 70068

**Operator ID: 27427**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN J TORTORICH  
1211 FEDERAL AVE  
MORGAN CITY, LA 70380

**Operator ID: 6169**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY W TOUCHET  
11515 GERILYN DR  
ERATH, LA 71533

**Operator ID: 36483**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID P TOUPS  
1947 JEAN LAFITTE BLVD  
P O BOX 358  
LAFITTE, LA 70067

**Operator ID: 13906**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PROSPER J TOUPS, JR  
513 FORREST BLVD  
HOUMA, LA 70360

**Operator ID: 4474**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN TOWNSEND  
SHELL CHEMICAL LP  
7594 HWY 75  
GEISMAR, LA 70734

**Operator ID: 28186**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JON K TOWNSEND  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 7612**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD L TRAHAN  
2639 MILLER AVENUE  
WESTLAKE, LA 70669

**Operator ID: 10972**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAMON J TRAHAN  
7151 WILSON ROAD  
MAURICE, LA 70555

**Operator ID: 11799**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID M TRAHAN  
P O BOX 922  
LAKE ARTHUR, LA 70549

**Operator ID: 16566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRENT F TRAHAN  
4693 TOPSY RD  
LAKE CHARLES, LA 70611

**Operator ID: 24915**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC L TRAHAN  
130 URIAH LN  
CAMERON, LA 70631

**Operator ID: 26211**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH E TRAHAN  
1004 TWIN OAKS DR  
ARNAUDVILLE, LA 70512

**Operator ID: 5196**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARY V TRAHAN  
PO BOX 145  
BOURG, LA 70343

**Operator ID: 5340**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN K TRAHAN  
157 BURLESON  
SULPHUR, LA 70665

**Operator ID: 6470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY P TRAHAN  
2853 LA FRANC DR  
LAKE CHARLES, LA 70615

**Operator ID: 7304**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDY TRAHAN  
100 UTOPIA  
DUSON, LA 70529

**Operator ID: 7390**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVE D TRAHAN  
657 WEST MAIN ST  
HACKBERRY, LA 70645

**Operator ID: 8891**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROY B TRAMMELL, JR  
42169 STONE RIDGE AVENUE  
PRAIRIEVILLE, LA 70769

**Operator ID: 11928**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HIEP V TRAN  
715 WINDING WILLOWS  
BOSSIER, LA 71111

**Operator ID: 17446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY A TRANCHANT  
336 PELLERIN DRIVE  
KENNER, LA 70065

**Operator ID: 5963**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM L TRAVIS  
1905 W THOMAS ST  
HAMMOND, LA 70401

**Operator ID: 11300**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SYLVESTER TRAVIS  
PO BOX 1216  
ABITA SPRINGS, LA 70420

**Operator ID: 11624**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ADAM P TREPAGNIER  
723 LASALLE DR  
LAPLACE, LA 70068

**Operator ID: 17946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY J TRICHE  
283 BLUE BAYOU LN  
HOUMA, LA 70364

**Operator ID: 10665**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAWANDA L TRIMONT  
2920 ORLEANS AVE  
NEW ORLEANS, LA 70119

**Operator ID: 31066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE P TROSCLAIR  
43501 BAYOU NARCISSE  
GONZALES, LA 70737

**Operator ID: 10986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD TROTTER  
7660 WAVE DR  
NEW ORLEANS, LA 70128

**Operator ID: 8376**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHAD M TROXCLAIR  
114 BEAU PLACE BLVD  
DES ALLEMANDS, LA 70030

**Operator ID: 8479**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYANT J TROXLER  
43233 SYCAMORE BEND AVE  
GONZALES, LA 70737

**Operator ID: 27428**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY J TROXLER  
261 ALICE STREET  
AMA, LA 70031

**Operator ID: 4510**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONDI C TROXLER  
207 BEAU PLACE  
DESALLEMANDS, LA 70030

**Operator ID: 4511**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANGELA D TROXLER  
207 BEAU PLACE BLVD  
DES ALLEMANS, LA 70030-3447

**Operator ID: 6293**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS W TUCK  
755 OLD HIGHWAY  
MANSFIELD, LA 71052

**Operator ID: 4514**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C TUCKER  
4520 SCARBOROUGH DR  
APT.2103  
BATON ROUGE, LA 70814

**Operator ID: 31087**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK T TUCKER  
515 RENE  
ALEXANDRIA, LA 71302

**Operator ID: 7038**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRUCE D TUMBLIN  
509 WILKER NEIL AVE.  
RIVER RIDGE, LA 70123

**Operator ID: 32986**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACOB A TUNE  
4618 KENT RD  
SHREVEPORT, LA 71017

**Operator ID: 10676**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY J TUNWAR  
2114 LINDA DR  
WESTLAKE, LA 70669

**Operator ID: 1335**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J TURNAGE  
405 CHARLES COURT  
SLIDELL, LA 70458

**Operator ID: 10780**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK G TURNAGE  
213 HAVENS RD  
ELEMER, LA 71424-8706

**Operator ID: 25912**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD S TURNAGE  
443 LAGONDA ST  
MORGAN CITY, LA 70380

**Operator ID: 4523**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R TURNAGE  
280 HARPER ROAD  
HINESTON, LA 71438

**Operator ID: 4524**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD V TURNER  
2817 HWY 361  
EVERGREEN, LA 71333

**Operator ID: 11111**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WENDELL K TURNER  
PO BOX 166  
PORT SULPHUR, LA 70083

**Operator ID: 11156**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LATOYA A TURNER  
625 HERALD ST  
NEW ORLEANS, LA 70131

**Operator ID: 20419**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN T TURNER  
9458 WALTER SMITH ROAD  
NEW ROADS, LA 70760

**Operator ID: 30647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KYLE D TURNER  
17502 LAKE CT  
GREENWELLSPRINGS, LA 70739

**Operator ID: 33006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY TURNER  
POST OFFICE BOX 1298  
PORT SULPHUR, LA 70083

**Operator ID: 4525**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD R TURNER  
35 W ELMWOOD  
MONROE, LA 71202

**Operator ID: 5081**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE L TURNER  
62 SCARBROCK LANE  
OTIS, LA 71466

**Operator ID: 6145**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUYANE H TURNER  
POST OFFICE BOX 1061  
TIOGA, LA 71477

**Operator ID: 8704**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROSS B TURPIN  
260 ARTHUR VINCENT RD  
SULPHUR, LA 70665-7900

**Operator ID: 13073**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIFFANY K TUVELL  
1033 WEST VERDINE ST  
SULPHUR, LA 70663

**Operator ID: 32226**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENNIS R TWEEDY  
4328 IDLEWILD ROAD  
CLINTON, LA 70722

**Operator ID: 4535**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAREYL D TYLER  
67 NATION ROAD  
DEVILLE, LA 71328

**Operator ID: 31067**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID K TYLER  
211 PAULETTE ST  
HOUMA, LA 70364

**Operator ID: 4536**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN J TYLER  
558 AVENUE A  
OPELOUSAS, LA 70570

**Operator ID: 4537**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL F TYNES  
474 LAIRD FLETCHER RD  
NATCHITOCHES, LA 71457

**Operator ID: 4540**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK M TYNES  
520 LAIRD FLETCHER RD  
NATCHITOCHES, LA 71457

**Operator ID: 5887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY W ULMER  
616 HWY 610  
WINNSBORO, LA 71295

**Operator ID: 11824**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM T ULMER  
227 JACKSON LN  
GILBERT, LA 71336

**Operator ID: 7924**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT J UTLEY  
525 ELEVENTH STREET  
WESTWEGO, LA 70094

**Operator ID: 4547**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICIA A VALEGA  
PO BOX 569  
DIVERSION WATER COMPANY  
PRAIRIEVILLE, LA 70769

**Operator ID: 4550**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PARRISH C VALEGA  
PO BOX 569  
DIVERSION WATER COMPANY  
PRAIRIEVILLE, LA 70769

**Operator ID: 4551**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ORVILLE J VALLET  
P O BOX 906  
LIVONIA, LA 70755

**Operator ID: 5115**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH C VAN MARCKE  
POST OFFICE BOX 1053  
THIBODAU, LA 70301

**Operator ID: 4980**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEREK W VAN NORMAN  
PO BOX 1826  
KINDER, LA 70648

**Operator ID: 8706**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARION E VAN TASSEL  
2839 LILIEDAHL RD  
DERIDDER, LA 70634

**Operator ID: 4559**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAY A VAN VECKHOVEN  
23430 BOSS MCNABB ROAD  
LIVINGSTON, LA 70754-5201

**Operator ID: 7639**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEONARD F VANOSS  
POST OFFICE BOX 5337  
BOSSIER CITY, LA 71171

**Operator ID: 4558**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLORIA J VANTREE  
POST OFFICE BOX 338  
BOYCE, LA 71409

**Operator ID: 7039**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN R VANZANT  
P O BOX 182  
MANSFIELD, LA 71052

**Operator ID: 34806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM H VAUGHN  
2179 HWY476  
MANY, LA 71449

**Operator ID: 11179**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINTON C VAUGHN  
31480 N CORBIN RD  
WALKER, LA 70785

**Operator ID: 33066**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORA J VAUGHN  
1770 CR 3340  
JOAQUIN, TX 75954

**Operator ID: 5052**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELBERT VAUGHN, JR  
1436 GRACE AVE.  
NATCHITOCHES, LA 71457

**Operator ID: 6281**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIE VEAL  
3109 PHOENIX STREET  
APT A  
KENNER, LA 70065

**Operator ID: 20421**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID R VEAZAY  
9398 PORRIER RD  
ST AMANT, LA 70771

**Operator ID: 36197**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JILL M VEILLION  
826 ARKANSAS ST  
MORGAN CITY, LA 70380

**Operator ID: 10766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KIRK P VENABLE  
502 KEVIN DRIVE  
LAFAYETTE, LA 70507

**Operator ID: 4573**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUIS A VERGARA  
55136 WILLOWTREE RD  
MARRERO, LA 70072

**Operator ID: 4576**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM D VERNON  
POST OFFICE BOX 39  
HUSSER, LA 70442

**Operator ID: 11125**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSIEVELT VESSEL, JR  
P O BOX 212  
GEISMAR, LA 70734

**Operator ID: 26229**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEON F VIAL  
116 MIMOSA AVENUE  
LULING, LA 70070

**Operator ID: 7925**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANA B VIATOR  
4010 STELLY RD  
NEW IBERIA, LA 70560

**Operator ID: 4581**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TERRY J VICE  
1611 STEVENSON ST  
VINTON HILL, LA 70668

**Operator ID: 7305**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT E VICKNAIR  
39241 ROSARYVILLE RD  
PONCHATOULA, LA 70454

**Operator ID: 24748**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON VICKNAIR  
PO BOX 392  
LUTCHER, LA 70071

**Operator ID: 36519**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER VICKNAIR  
2045 COLONIAL DR  
LAPLACE, LA 70068

**Operator ID: 4588**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ZANE P VICTORIAN  
1123 PULLMAN STREET  
WESTLAKE, LA 70669

**Operator ID: 25926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 4**

**20.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AL K VIDRINE  
14024 CAMPISI DRIVE  
ABBEVILLE, LA 70510

**Operator ID: 7750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENDA G VIGE  
146 H VIGE ROAD  
DEQUINCY, LA 70633

**Operator ID: 11112**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN E VIGE  
298 HOLBROOK PARK RD  
DEQUINCY, LA 70633

**Operator ID: 5388**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**

**20.00**

**WATER PRODUCTION 3**

**10.00**

**WATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GABRIEL J VIGO  
4133 HARVARD ST  
LAKE CHARLES, LA 70607

**Operator ID: 28589**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY S VILARDO  
2026 MUSKRAT RD  
MORSE, LA 70559

**Operator ID: 30046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN W VINCENT  
2839 ALLEN RD  
MAURICE, LA 70555

**Operator ID: 4606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ISAAC T VINCENT, JR  
402 JOHN BREWER RD  
DERIDDER, LA 70634

**Operator ID: 6211**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS A VINES, JR  
715 QUAIL RD  
CONVERSE, LA 71419

**Operator ID: 11748**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH VINES  
401 STONEHAVEN DR  
FRIERSON, LA 71027

**Operator ID: 30606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EVY J VINING  
129 POND DR.  
MORGAN CITY, LA 70380

**Operator ID: 25927**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERBERT P VINING  
422 CAMILLE DR  
PATTERSON, LA 70392

**Operator ID: 4614**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W VINSON  
88 RIVER BLUFF DR  
MADISONVILLE, LA 70447

**Operator ID: 4615**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEONARD VIRDURE, JR  
4464 WASHINGTON AVENUE  
BATON ROUGE, LA 70802

**Operator ID: 4616**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN VITRANO  
3013 DE BOUCHEL BLVD  
MERAUX, LA 70075

**Operator ID: 10781**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN T VIZCARRONDO  
404 20TH STREET APT# 1  
GRETNA, LA 70053

**Operator ID: 11488**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERCY A VOISIN  
1401 MAXINE STREET  
HOUMA, LA 70363

**Operator ID: 5678**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD G VOSBURGH  
921 KEMPER ROAD SOUTH  
FRANKLIN, LA 70538

**Operator ID: 35086**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R WACHTEL  
1528 DEBRA STREET  
BOSSIER CITY, LA 71111

**Operator ID: 33806**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE D WADDELL  
25116 DELAUNE RD  
LORANGER, LA 70446

**Operator ID: 24848**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE W WAGONER  
POST OFFICE BOX 521  
7440 HWY 165N  
POLLOCK, LA 71467

**Operator ID: 6861**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLINTON P WAGUESPACK  
12306 RIVER HIGHLANDS DR  
ST AMANT, LA 70774

**Operator ID: 14250**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RYAN P WAGUESPACK  
3924 L0LAN CT.  
MARRERO, LA 70072

**Operator ID: 34886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DALE J WAGUESPACK  
409 NORTH PINE AVENUE  
GRAMERCY, LA 70052

**Operator ID: 7749**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH R WAINWRIGHT  
305 NORTH GIROUARD  
BROUSSARD, LA 70518

**Operator ID: 11750**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES C WALDON  
231 NATION RD  
DEVILLE, LA 71328

**Operator ID: 6138**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RHONDA C WALDROP  
2256 CAROLYN AVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 21306**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLANDA M WALDROUP  
4025 WOODCREST ST  
LAKE CHARLES, LA 70605

**Operator ID: 10497**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HERBERT WALK, III  
1600 TEXAS AVE  
MONROE, LA 71201

**Operator ID: 33106**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES L WALKER  
913 OLA ST  
ALEXANDRIA, LA 71303

**Operator ID: 10850**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

IVY WALKER, III  
717 E ASH STREET  
CROWLEY, LA 70526

**Operator ID: 11875**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD W WALKER  
27299 MILITARY ROAD  
ANGIE, LA 70426

**Operator ID: 28747**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KUNTA K WALKER  
P.O. BOX 2452  
JENA, LA 71342

**Operator ID: 28969**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALLACE C WALKER  
44617 TOD WILSON ROAD  
FRANKLINTON, LA 70438

**Operator ID: 30329**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACOB S WALKER  
12128 THAD MIZELL RD  
BOGALUSA, LA 70427

**Operator ID: 33667**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAMS A WALKER  
P O BOX 304  
SIMPSON, LA 71474

**Operator ID: 37010**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GILL A WALKER  
2518 GATES CIRCLE  
APT 16  
BATON ROUGE, LA 70809

**Operator ID: 4638**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE A WALKER  
115 SPRING STREET  
LAKE CHARLES, LA 70605

**Operator ID: 4640**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NEIL R WALKER  
1355 CHAD STREET  
MANDEVILLE, LA 70448

**Operator ID: 5114**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRED E WALKER  
339 COOPER ROAD  
MERRYVILLE, LA 70653

**Operator ID: 6334**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTOPHER J WALKER  
159 MC DONALD  
HEFLIN, LA 71039

**Operator ID: 8222**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHAWN C WALKER  
148 DURAND ROAD  
ELMER, LA 71424

**Operator ID: 8370**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARWIN C WALKER  
POST OFFICE BOX 150 BLDG  
PLAQUEMINE, LA 70765-0150

**Operator ID: 8501**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD A WALKER  
129 BRICE ROAD  
BIENVILLE, LA 71008

**Operator ID: 8711**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK D WALLACE  
9317 THAYER AVE  
BATON ROUGE, LA 70810

**Operator ID: 20026**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R WALLETTE  
4881 QUIET ACRES RD  
SHREVEPORT, LA 71107

**Operator ID: 6862**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LANCE C WALLS  
2904 CAMILLA DRIVE  
SLIDELL, LA 70458

**Operator ID: 8712**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GRANT R WALSH  
POST OFFICE BOX 108  
LULING, LA 70070

**Operator ID: 4645**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H WALTERS, JR  
16221 PERNECIA AVE  
GREENWELL SPRINGS, LA 70739

**Operator ID: 22666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHATMAN L WALTERS  
1643 MARY SUE DRIVE  
BATON ROUGE, LA 70810

**Operator ID: 4647**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JANICE J WALTERS  
3640 FOREST PARK LANE  
NEW ORLEANS, LA 70131

**Operator ID: 4648**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN D WALTERS  
73 HENDERSON ROAD  
FOREST HILL, LA 71430

**Operator ID: 8713**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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Center for Environmental Health Services

**INVOICE**

ERIC J WALTON  
756 KENNEDY AVE  
DENHAM SPRINGS, LA 70726

**Operator ID: 25247**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS WALTON, CET  
1051 MAYWOOD ST  
DENHAM SPRINGS, LA 70726

**Operator ID: 4650**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

SHANE H WARD  
772 BRET DR  
DENHAM SPRINGS, LA 70726

**Operator ID: 10498**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

SHAWN D WARD  
10186 RAWLINGS RD  
PRAIRIEVILLE, LA 70769

**Operator ID: 11988**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

STEVEN A WARD, SR  
8740 N HWY 169  
MOORINGSPORT, LA 71060

**Operator ID: 26510**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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Center for Environmental Health Services

**INVOICE**

WILLIE E WARD  
P.O. BOX 9265  
MONROE, LA 71211

**Operator ID: 28290**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL S WARD, JR  
4014 HWY 8  
POLLOCK, LA 71467

**Operator ID: 30426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN P WARD  
5862 GLENWOOD DRIVE  
BATON ROUGE, LA 70806

**Operator ID: 5113**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H WARDLOW  
116 SMITH AVENUE  
MONROE, LA 71270

**Operator ID: 35206**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLTON J WARE  
44098 CRISP RD  
HAMMOND, LA 70403

**Operator ID: 5967**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN WARE  
2015 PONDEROSA PLACE  
MANDEVILLE, LA 70448

**Operator ID: 7725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD WARE  
560 GELPI AVE  
JEFFERSON, LA 70121

**Operator ID: 8383**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY W WARFIELD  
839 APT -A STANDIFER AVE  
MONROE, LA 71202

**Operator ID: 24611**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DENIS R WARING  
19429 LANIER CREEK RD  
LORANGER, LA 70446

**Operator ID: 36348**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TEA J WARMSLEY  
PO BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 4657**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WWC4 LIMITED</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN W WARNER  
1677 OAK GROVE HWY.  
GRAND CHENIER, LA 70632

**Operator ID: 6476**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HELEN J WARNER WILLIAMSON  
143 DUCHESNE  
EROS, LA 71238

**Operator ID: 6280**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BLAKE N WARREN  
77428 ROBINSON RD  
FOLSOM, LA 70437

**Operator ID: 21266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES Z WARREN  
P O BOX 897  
ROBERT, LA 70455

**Operator ID: 27146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROLAND T WARREN  
1324 ALFORD STREET  
FRANKLINTON, LA 70438

**Operator ID: 29766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**OP-IN-TRAINING - WT**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS P WARREN  
2290 NORTH CROSS DRIVE  
SHREVEPORT, LA 71107

**Operator ID: 4660**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM E WARREN  
17492 HWY 631  
DES ALLEMANS, LA 70030

**Operator ID: 6261**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD WARREN  
864 JACKSON ROAD  
SIMSBORO, LA 71275

**Operator ID: 8714**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ABIMLISH WASHINGTON  
8005 ARCADIAN SHORES DR  
BOSSIER CITY, LA 71171-5337

**Operator ID: 10062**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEVON A WASHINGTON  
P.O. BOX 1153  
DESTREHAN, LA 70047

**Operator ID: 14850**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BARBARA WASHINGTON  
144 EMILE ST  
OPELOUSAS, LA 70570

**Operator ID: 20534**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SCOTT M WASHINGTON  
1943 TENNESSEE ST  
NEW ORLEANS, LA 70177

**Operator ID: 35426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE WASHINGTON  
POST OFFICE BOX 6921  
SHREVEPORT, LA 71136

**Operator ID: 5629**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNES WASHINGTON, JR  
3551 JACKSON  
SHREVEPORT, LA 71109

**Operator ID: 6864**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALCIDE M WASHINGTON  
104 NORTH MANOR DRIVE  
LAFAYETTE, LA 70501

**Operator ID: 7926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

THOMAS D WASSON  
21211 LIVING WATERS ROAD  
LORANGER, LA 70446

**Operator ID: 34686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM E WATERS  
4762 DOWD RD.  
COLLINGTON, LA 71229

**Operator ID: 24626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES R WATERS  
290 CANAL LANE  
WINNFIELD, LA 71483

**Operator ID: 4671**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLEO WATERS, JR  
9467 WILLOW DRIVE  
BASTROP, LA 71220

**Operator ID: 5161**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL L WATKINS  
1319 MELISSA HEIGHTS  
GONZALES, LA 70737

**Operator ID: 36407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMY W WATKINS  
10411 ARKANSAS ST  
BASTROP, LA 71220

**Operator ID: 4677**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN T WATSON  
129 WICKER DR  
TALLULAH, LA 71282

**Operator ID: 5540**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICHARD F WATTERS, JR  
164 ACADIAN BLVD  
PRINCETON, LA 71067

**Operator ID: 26511**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W WATTS  
64 L WATTS RD  
WOODWORTH, LA 71485

**Operator ID: 7040**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RUSSELL L WATTS  
20121 LA 42  
LIVINGSTON, LA 70754

**Operator ID: 9585**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID C WATTS  
29077 SOUTH RANGE ROAD  
LIVINGSTON, LA 70754

**Operator ID: 9905**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID E WAY  
P OBOX 864  
SPRINGHILL, LA 71075-0864

**Operator ID: 7617**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOCK WEATHERTON  
256 LONE OAK DRIVE  
SIBLEY, LA 71073

**Operator ID: 4686**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ALLEN P WEBER  
P O BOX 1412  
LULING, LA 70070

**Operator ID: 16586**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE J WEBRE  
1025 SUGGS RD  
PORT ALLEN, LA 70767

**Operator ID: 33126**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH WEBSTER  
1619 NORTH VILLERE ST  
NEW ORLEANS, LA 70116

**Operator ID: 35407**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYNE W WEIDERT, JR  
617 ROCCA FORTE AVE  
GARYVILLE, LA 70051

**Operator ID: 27147**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WADE E WEIDMAN  
18250 HILL CROSSING AVE  
BATON ROUGE, LA 70817

**Operator ID: 24926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DANIEL K WELBORN  
P.O. BOX 5337  
BOSSIER CITY, LA 71171-5337

**Operator ID: 12243**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLENN A WELCH  
124 PORTIE ROAD  
HACKBERRY, LA 70645

**Operator ID: 12190**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JARED S WELCH  
37 BROWNLEE S  
HINESTON, LA 71438

**Operator ID: 25929**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TRACY A WELLS  
167 BUNDRICK RD  
SHREVEPORT, LA 71115

**Operator ID: 17486**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES A WELLS  
365 BYAS RD  
ARCADIA, LA 71001

**Operator ID: 18566**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TAWASKI D WELLS  
754 DESONIER RD  
LOT 2  
JEANERETTE, LA 70544

**Operator ID: 36230**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A WELLS  
41435 GRESSETT ROAD  
PRAIRIEVILLE, LA 70769

**Operator ID: 7641**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEE N WELLS  
1393 SPRING LAKE ROAD  
HOMER, LA 71040

**Operator ID: 9361**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRISTINA WELTER  
P.O. BOX 897  
ROBERT, LA 70455

**Operator ID: 28333**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JIMMIE D WEST  
9630 PELICAN LODGE RD  
VIVIAN, LA 71082

**Operator ID: 29630**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

COTY WEST  
11834 VETERANS MEMORIAL  
VILLE PLATTE, LA 70586

**Operator ID: 36199**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY W WEST  
3387 HWY 117  
LEESVILLE, LA 71446

**Operator ID: 4719**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK S WEST  
1210 SAWMILL ROAD  
VILLE PLATTE, LA 70586

**Operator ID: 5755**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS N WESTBERRY  
PO BOX 192  
LIBUSE, LA 71348

**Operator ID: 4723**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST WESTLEY, III  
329 PLANTATION DR  
KENNER, LA 70062

**Operator ID: 4727**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES F WESTROM  
1561 FRENCHMAN'S BEND RD  
MONROE, LA 71203

**Operator ID: 17926**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASON WHATLEY  
3684 HWY. 121  
BOYCE, LA 71409

**Operator ID: 25930**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W WHATLEY  
811 EAST E STREET  
RAYNE, LA 70578

**Operator ID: 37091**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD G WHEAT  
27179 S SATSUMA ROAD  
LIVINGSTON, LA 70754

**Operator ID: 11776**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL R WHEAT  
120 HAROLD MITCHELL DR.  
BOGALUSA, LA 70427

**Operator ID: 4731**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HOUSTON P WHEATON  
POST OFFICE BOX 11  
CECILIA, LA 70521

**Operator ID: 6478**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES L WHEELER  
9177 OAKWOOD  
BASTROP, LA 71221

**Operator ID: 4735**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARLTON R WHITAKER  
668 BYSON ROAD  
TALLULAH, LA 71282-0000

**Operator ID: 7042**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WAYLON K WHITAKER  
1742 JESSICA LN  
LAKE CHARLES, LA 70611-3750

**Operator ID: 8110**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELVIN Q WHITE  
3804 BUFFWOOD DR  
BAKER, LA 70714

**Operator ID: 11753**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

REYNOLD J WHITE  
1211 GENERAL NICHOLS APT1  
THIBODAUX, LA 70301

**Operator ID: 11938**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DUTCH WHITE, JR  
614 WILSON ALLEY  
FERRIDAY, LA 71334

**Operator ID: 19406**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMY R WHITE  
5680 HWY 3015  
GRAND CANE, LA 71032

**Operator ID: 23948**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TREVOR WHITE  
5044 FREY STREET  
BATON ROUGE, LA 70805

**Operator ID: 24167**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

AARON WHITE  
3101 ALABAMA STREET  
MONROE, LA 71202

**Operator ID: 24627**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 3**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOMMY L WHITE, JR  
37307 TWIN OAKS DRIVE  
DENHAM SPRINGS, LA 70706

**Operator ID: 34909**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 3**

**20.00**

**WASTEWATER TREATMENT 3**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENNIE WHITE, III  
1839 ALLEN ST  
NEW ORLEANS, LA 70116

**Operator ID: 35386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TONY L WHITE  
297 LAVELL WHITE ROAD  
OAK GROVE, LA 71263

**Operator ID: 4743**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GEORGE F WHITE, JR  
458 HWY 3101  
JONESVILLE, LA 71343

**Operator ID: 4749**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAVELLE WHITE  
299 LAVELLE WHITE ROAD  
OAK GROVE, LA 71263

**Operator ID: 4753**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LEROY E WHITE  
10435 NORTH HARVEY  
BATON ROUGE, LA 70815

**Operator ID: 4754**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES D WHITE  
2117 DELACHAISE ST  
NEW ORLEANS, LA 70115

**Operator ID: 6080**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAVON WHITE  
253 HWY 160  
BENTON, LA 71006

**Operator ID: 6116**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE J WHITE, III  
923 SOUTHWESTERN DRIVE  
CEDAR HILL, TX 75104

**Operator ID: 6743**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HEZEKIAH WHITE, III  
626 HENDRIX PLACE  
SHREVEPORT, LA 71106-3376

**Operator ID: 6866**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRENT E WHITE  
POST OFFICE BOX 595  
AMA, LA 70031

**Operator ID: 6983**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CYNTHIA A WHITE  
1813 BRYN MAWR STREET  
ALEXANDRIA, LA 71301

**Operator ID: 7043**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BENJAMIN P WHITE  
182 WALKER GRAVEL PIT ROA  
DRY PRONG, LA 71423

**Operator ID: 7929**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JODY R WHITE  
17023 HWY 105  
MELVILLE, LA 71353

**Operator ID: 9525**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PAUL T WHITE  
3500 HOUSTON RIVER ROAD  
WESTLAKE, LA 70669

**Operator ID: 9758**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID N WHITEHEAD  
53347 HWY 424  
FRANKLINTON, LA 70438

**Operator ID: 12454**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODGER D WHITEHOUSE  
2045 BEN MARTIN ROAD  
JENNINGS, LA 70546

**Operator ID: 11437**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GUY F WHITFIELD, JR  
309 FOX CREEK DR  
HAUGHTON, LA 71037-9122

**Operator ID: 11787**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CONRAD H WHITMAN  
530 MEMENTO ST.  
LAKE ARTHUR, LA 70549

**Operator ID: 4758**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TROY W WHITMAN  
643 PATTERSON ROAD  
CHOUDRANT, LA 71227

**Operator ID: 8716**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PATRICK M WHITNEY  
1864 3RD ST  
LUTCHER, LA 70071

**Operator ID: 4762**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLARD A WHITT  
861 MC DONALD ROAD  
SUGARTOWN, LA 70662

**Operator ID: 11785**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WINSTON M WHITTON  
745 LE BOEUF ST  
NEW ORLEANS, LA 70114

**Operator ID: 4766**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES F WICKER  
1760 HWY 549  
MARION, LA 71260

**Operator ID: 31029**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT C WIDNER  
606 CHANDLER DR  
BALL, LA 71405

**Operator ID: 23946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMIE M WILEY  
208 BEAUBOUF RD  
DEVILLE, LA 71320

**Operator ID: 25046**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J WILKES  
245 BLUEBIRD LANE  
AMITE, LA 70422

**Operator ID: 10349**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY M WILKES  
12015 E SUBDIVISION  
PORT ALLEN, LA 70767

**Operator ID: 36535**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRAD H WILKINS  
574 MARVIN SHIRLEY RD  
DERIDDER, LA 70634

**Operator ID: 36201**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LOUIS WILLIAMS  
205 NOVA SCOTIA  
LAFAYETTE, LA 70507

**Operator ID: 10136**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STACY W WILLIAMS  
15527 SPRINGWOOD AVE  
BATON ROUGE, LA 70817

**Operator ID: 10636**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER PRODUCTION 2</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRIAN D WILLIAMS  
P O BOX 98  
ERWIN, LA 70729

**Operator ID: 10770**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK T WILLIAMS  
32 CYNTHIA STREET  
WAGGAMAN, LA 70094

**Operator ID: 10837**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 2**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN G WILLIAMS  
2601 MILLIE STREET  
METAIRIE, LA 70003

**Operator ID: 11115**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD E WILLIAMS  
814 BILBO STREET  
DERIDDER, LA 70634

**Operator ID: 11134**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEDRIC T WILLIAMS  
POST OFFICE BOX 2963  
ST FRANCISVILLE, LA 70775

**Operator ID: 11320**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLARENCE R WILLIAMS  
4211 WINSIDE DR  
BAKER, LA 70714

**Operator ID: 11490**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL A WILLIAMS, JR  
428 LEGION DRIVE  
MARKSVILLE, LA 71351

**Operator ID: 11755**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES WILLIAMS  
216 HENDERSON  
HOUMA, LA 70364-2844

**Operator ID: 12153**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RODRICK C WILLIAMS  
4856 CAMELLIA LANE  
BOSSIER, LA 71111

**Operator ID: 12244**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHRIS A WILLIAMS  
21 LARKSPUR LANE  
WESTWEGO, LA 70094

**Operator ID: 12292**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TIMOTHY T WILLIAMS  
121 BULL RUN  
PEARL RIVER, LA 70452

**Operator ID: 12334**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACK E WILLIAMS, JR  
529 CONCORDIA PK DR  
P O BOX 122  
VIDALIA, LA 71373

**Operator ID: 19426**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SUSAN L WILLIAMS  
604 NORTH ST  
COLFAX, LA 71417

**Operator ID: 19446**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LUCIOUS L WILLIAMS, III  
66270 HICKORY DR  
P.O. BOX 1211  
PEARL RIVER, LA 70452

**Operator ID: 21386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES WILLIAMS  
607 FLORIDA ST  
MONROE, LA 71203

**Operator ID: 24467**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KELLIE N WILLIAMS  
404 GELPI DR  
LAKE CHARLES, LA 70601

**Operator ID: 24629**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEROME A WILLIAMS  
181 HWY 855  
DELHI, LA 71232

**Operator ID: 25931**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DWAYNE T WILLIAMS  
107 MAGNOLIA MANOR BLVD  
BOUTTE, LA 70039

**Operator ID: 33146**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN L WILLIAMS  
6819 DANIELLE RD  
NEW IBERIA, LA 70563

**Operator ID: 33329**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 1**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARY L WILLIAMS  
109 SOUTHFIELD RD. APT 81  
SHREVEPORT, LA 71105

**Operator ID: 4784**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERMAL D WILLIAMS  
616 E VERMILION STREET  
LAFAYETTE, LA 70501

**Operator ID: 4804**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SUSAN W WILLIAMS  
201 HOLIDAY BLVD #150  
COVINGTON, LA 70433-5013

**Operator ID: 4815**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY L WILLIAMS  
2714 SALEM ST  
KENNER, LA 70062

**Operator ID: 4818**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER TREATMENT 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD L WILLIAMS  
612 GREENFIELD DR  
ALEXANDRIA, LA 71301

**Operator ID: 4828**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DELOS R WILLIAMS, JR  
201 HOLIDAY BLVD., STE #1  
COVINGTON, LA 70433-5013

**Operator ID: 4830**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DOUGLAS E WILLIAMS, SR  
414 N RAILROAD  
P.O. BOX 63  
CONVERSE, LA 71419

**Operator ID: 5078**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT WILLIAMS, JR  
1371 WEST MLK DRIVE  
OPELOUSAS, LA 70570

**Operator ID: 5224**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEREMIAH WILLIAMS  
4367 THURGOOD CIRCLE  
SHREVEPORT, LA 71109

**Operator ID: 5308**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW L WILLIAMS, JR  
437 APACHE TRAIL  
SHREVEPORT, LA 71107

**Operator ID: 6767**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DARNELL L WILLIAMS  
706 BATES RD  
FRIERSON, LA 71027

**Operator ID: 6868**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY L WILLIAMS  
135 EAST JORDAN  
SHREVEPORT, LA 71101

**Operator ID: 6869**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JERRY L WILLIAMS  
7307 WINDERWEEDLE RD  
SIMMSPORT, LA 71129

**Operator ID: 6870**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN D WILLIAMS  
5712 BAYOU  
BOSSIER CITY, LA 71112

**Operator ID: 6871**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER TREATMENT 4</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FRANK W WILLIAMS, SR  
POST OFFICE BOX 402  
WHITE CASTLE, LA 70788

**Operator ID: 6916**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH W WILLIAMS  
315 CLAIBORNE ST  
DONALDSONVILLE, LA 70346

**Operator ID: 7044**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NORRIS J WILLIAMS, SR  
215 CHAMETTE DR  
LAFAYETTE, LA 70501-2150

**Operator ID: 7397**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SUSAN J WILLIAMS  
6244 QUITMAN HIGHWAY  
QUITMAN, LA 71268-3182

**Operator ID: 8224**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER PRODUCTION 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN R WILLIAMS  
116 HIGH ST  
MINDEN, LA 71055

**Operator ID: 8372**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAUDE M WILLIAMS  
447 SUMLIN RD  
DELHI, LA 71232

**Operator ID: 8718**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN B WILLIAMS  
POST OFFICE BOX 133  
BOYCE, LA 71409

**Operator ID: 8719**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROGER D WILLIAMS  
6244 QUITMAN HWY  
QUITMAN, LA 71268

**Operator ID: 8985**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN E WILLIAMS  
1600 OAKLAWN DRIVE  
MONROE, LA 71202

**Operator ID: 9011**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES T WILLIAMS  
POST OFFICE BOX 1061  
MINDEN, LA 71058-1061

**Operator ID: 9315**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 3**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RICKY B WILLIAMS  
12766 MIDDLEWOOD DRIVE  
BAKER, LA 70714

**Operator ID: 9752**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

HAYWOOD WILLIAMSON  
14925 HARRISON ROAD  
MIRA, LA 71044

**Operator ID: 11359**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JESSE A WILLIAMSON  
150 WOODMILL RD  
HEFLIN, LA 71039

**Operator ID: 31047**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERNEST E WILLIAMSON  
483 DEERWALK  
LAKE CHARLES, LA 70615

**Operator ID: 5432**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**WASTEWATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARVIN W WILLIAMSON  
404 NEW NATCHITOCHES RD  
WEST MONROE, LA 71202

**Operator ID: 9012**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 1**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MATTHEW D WILLIE  
16086 BRUHL RD  
FOLSOM, LA 70437

**Operator ID: 14266**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 1**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
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Center for Environmental Health Services

**INVOICE**

STANLEY J WILLIS, JR  
141 HOOVER DRIVE #212  
SLIDELL, LA 70461

**Operator ID: 10804**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER PRODUCTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KENNETH L WILLIS  
31811 NETTERVILLE RD  
DENHAM SPRING, LA 70726

**Operator ID: 12249**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN D WILLIS  
310 B ALBERT STREET  
NEW IBERIA, LA 70560

**Operator ID: 36203**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

QUINCY J WILLIS  
310 BELL NORTH DRIVE  
LAFAYETTE, LA 70507

**Operator ID: 6886**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CARL E WILLIS, JR  
66 BOONER MILLER ROAD  
DEVILLE, LA 71328

**Operator ID: 7932**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN N WILLM  
POST OFFICE BOX 2187  
HAMMOND, LA 70404

**Operator ID: 8489**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEVEN J WILMORE  
231 SANDERS STREET  
PINEVILLE, LA 71360

**Operator ID: 11975**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JASMINE J WILSON  
1009 SUNSHINE DR  
BAKER, LA 70714

**Operator ID: 12859**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBIE E WILSON  
1501 FLAMINGO ST  
GRETNA, LA 70056

**Operator ID: 24006**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LYNN B WILSON  
P O BOX 2345  
ST FRANCISVILLE, LA 70775

**Operator ID: 27246**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GREGORY D WILSON  
756 AUSTIN PLACE  
SHREVEPORT, LA 71101

**Operator ID: 28292**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 3**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 3**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN J WILSON  
240 MASONIC DR  
FARMERVILLE, LA 71241

**Operator ID: 31051**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 1**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID J WILSON  
140 COLONIAL HGTS RD.  
RIVER RIDGE, LA 70123

**Operator ID: 35392**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 2**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**



**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH R WILSON  
P.O BOX 108  
LULING, LA 70070

**Operator ID: 36470**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANN M WILSON  
420 KINGS DR.  
PINEVILLE, LA 71360

**Operator ID: 4846**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES W WILSON, JR  
36330 WALKER NORTH RD  
WALKER, LA 70785

**Operator ID: 4847**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANTHONY WILSON  
103 LEO POLD SQUARE  
LAFAYETTE, LA 70506

**Operator ID: 5477**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

TOM E WILSON  
303 MERRILL DR  
HOUMA, LA 70363

**Operator ID: 5881**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES W WILSON  
1201 HIGHWAY 167  
LILLIE, LA 71256

**Operator ID: 8225**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD WILSON  
6201 GENERAL MEYER AVENUE  
NEW ORLEANS, LA 70131

**Operator ID: 8390**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LORI L WILSON  
201 LULA STREET  
ANACOCO, LA 71403

**Operator ID: 8851**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LARRY J WILSON  
222 DUNLEITH DRIVE  
DESTREHAN, LA 70047

**Operator ID: 9385**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

EDWARD WILTZ  
POST OFFICE BOX 916  
KROTZ SPRINGS, LA 70750

**Operator ID: 4850**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRYAN WIMBERLY  
509 MARION PLACE  
NATCHITOCHES, LA 71457

**Operator ID: 6124**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WILLIAM R WIMMER  
9814 MUSTANG CIRCLE  
KEITHVILLE, LA 71047

**Operator ID: 29646**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

FREIDA W WINCHESTER  
295 POST OAK DRIVE  
CORSICANA, TX 75110

**Operator ID: 7934**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARTIN WINDHAM  
221 WOODSON LANDING RD  
DEVILLE, LA 71328

**Operator ID: 35826**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BOBBY M WINDHAM  
PO BOX 773  
MANSFIELD, LA 71052

**Operator ID: 4851**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JACQUELINE L WINEMILLER  
62122 SYLVE RD  
LACOMBE, LA 70445

**Operator ID: 22606**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUSTIN L WINFIELD  
9212 OAKWOOD DRIVE  
BASTROP, LA 71220

**Operator ID: 11303**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD E WINFORD  
1435 MANDEVILLE ST  
NEW ORLEANS, LA 70117

**Operator ID: 6742**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GABRIEL A WINSTON  
9121 BEECHWOOD DRIVE  
BASTROP, LA 71220

**Operator ID: 10063**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DON W WINSTON  
1310 CRESCENT DR  
MONROE, LA 71201

**Operator ID: 4855**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RAYMOND F WINTER II  
7285 DONALDSON DRIVE  
GONZALES, LA 70737

**Operator ID: 14851**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CLAY R WINTERS  
P.O. BOX 71  
ANGOLA, LA 70712

**Operator ID: 10353**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT A WISBY  
2207 SOUTH STATE STREET  
ABBEVILLE, LA 70510

**Operator ID: 6484**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID A WITTNER  
13486 RIVERLAKE DR.  
COVINGTON, LA 70435

**Operator ID: 4864**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ERIC T WOMACK  
136 PONDROSA LN  
RUSTON, LA 71270

**Operator ID: 17786**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GLEN D WOMACK  
PO BOX 653  
HARRISONBURG, LA 71340

**Operator ID: 4869**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES H WOOD  
17112 MARTY LOW RD  
PRAIRIEVILLE, LA 70769

**Operator ID: 13187**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JEFF C WOOD  
1278 JAYCEE DR.  
SLIDELL, LA 70460

**Operator ID: 7144**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DEVON WOODALL  
402 PINE GROVE  
WEST MONROE, LA 71291

**Operator ID: 4876**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES M WOODHAM  
84 HWY 461  
HINESTON, LA 71438

**Operator ID: 30666**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONALD WOODRUFF  
5023 HWY 19  
ETHEL, LA 70730

**Operator ID: 30669**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER PRODUCTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JUANJADA J WOODRUFF  
1111 NAPOLEON ST  
BATON ROUGE, LA 70802

**Operator ID: 31711**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CHARLES B WOODRUFF  
1119 STANFORD AVE  
BATON ROUGE, LA 70808

**Operator ID: 4880**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHANIE L WOODS  
P O BOX 27  
ELTON, LA 70535

**Operator ID: 11589**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**WATER PRODUCTION 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MICHAEL W WOODS  
2252 TEXAS ST  
ARCADIA, LA 71001

**Operator ID: 13286**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

KEVIN A WOODS  
9777 W WHEATON CIR  
NEW ORLEANS, LA 70127-2235

**Operator ID: 4887**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

P M WOODS  
P O BOX 93  
ZWOLLE, LA 71486

**Operator ID: 5537**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STEPHEN M WOODS  
7767 HWY. 1 NORTH  
BOYCE, LA 71409

**Operator ID: 6874**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ROBERT W WOOLWINE  
1603 SABRINA COURT  
NEW IBERIA, LA 70563

**Operator ID: 4893**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

CALVIN E WORTHAM  
2021 BEECH ST  
ARCADIA, LA 71001

**Operator ID: 5955**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RONALD J WORTMANN, SR  
1428 SOUTH LITTLE WOODS  
NEW ORLEANS, LA 70128

**Operator ID: 4895**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 4**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNIE WRIGHT  
POST OFFICE BOX 474  
BENTON, LA 71006

**Operator ID: 4898**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 3</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

NATHAN WRIGHT  
POST OFFICE BOX 103  
ERWINVILLE, LA 70729

**Operator ID: 7744**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



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SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNIE WYATT  
5623 BLUEBONNET STREET  
ALEXANDRIA, LA 71303

**Operator ID: 11514**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

RANDY G WYCOFF  
321 SPLANE RD  
WEST MONROE, LA 71291

**Operator ID: 12861**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MITCHELL L YEAGER  
P.O. BOX 1345  
MARKSVILLE, LA 71351

**Operator ID: 31054**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 2**

**20.00**

**WATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DAVID W YEATES  
PO BOX 428  
BLANCHARD, LA 71009

**Operator ID: 4904**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 3</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 3</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ELLIS H YELEY  
132 P. LACAZE ROAD  
PITKIN, LA 70656

**Operator ID: 10346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 2**  
**WATER PRODUCTION 2**  
**WATER TREATMENT 2**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHN R YENT  
3528 HWY 1046  
AMITE, LA 70422

**Operator ID: 12188**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

VANESSA R YORK  
10009 STANDARD OIL RD  
RODESSA, LA 71069

**Operator ID: 25946**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

GERALD YORK, JR  
6325 PLANTATION DR  
ST GABRIEL, LA 70726

**Operator ID: 33626**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 50.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOSEPH O YOUNG  
305 FAILLA ROAD  
LAFAYETTE, LA 70508

**Operator ID: 10535**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 4</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

DONNA B YOUNG  
POST OFFICE BOX 1316  
JACKSON, LA 70748

**Operator ID: 10807**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 4</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 4</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

MARK A YOUNG  
5718 GULF BEACH HWY  
CAMERON, LA 70631

**Operator ID: 4909**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

**"Committee of Certification"**

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

STUART B YOUNG  
340 NORTH 7TH ST  
EUNICE, LA 70535

**Operator ID: 4912**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

---

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**  
**WATER PRODUCTION 4**  
**WATER TREATMENT 4**

**20.00**  
**10.00**  
**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRADLEY D YOUNG  
POST OFFICE BOX 1491  
AMELIA, LA 70340

**Operator ID: 4915**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 4</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>
<b>WATER TREATMENT 4</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES M YOUNG  
631 SOUTH 3RD STREET  
EUNICE, LA 70535

**Operator ID: 6336**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WATER DISTRIBUTION 3</b>	<b>20.00</b>
<b>WATER PRODUCTION 3</b>	<b>10.00</b>
<b>WATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

WALTER C YOUNG  
720 LODGE STREET  
HOMER, LA 71040

**Operator ID: 7624**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 1</b>	<b>20.00</b>
<b>WATER PRODUCTION 1</b>	<b>10.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 70.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JOHNNIE R YOUNGBLOOD  
2535 TRICOU STREET  
NEW ORLEANS, LA 70117

**Operator ID: 35396**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WATER DISTRIBUTION 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

BRANDON E YOUNSE  
196 HWY 145  
DAWNSVILLE, LA 71234

**Operator ID: 22386**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 1</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 1</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER PRODUCTION 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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**State of Louisiana**  
Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

SHANE P ZAGAR  
PO BOX 634  
BROUSSARD, LA 70518

**Operator ID: 28360**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

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<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

***Return this form and check or money order payable to:***

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

ANDREW W ZAGARS  
1021 EDGEFIELD DR  
SHREVEPORT, LA 71118

**Operator ID: 26529**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER COLLECTION 2**

**20.00**

**WASTEWATER TREATMENT 1**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

PERCY I ZENO  
PO BOX 845  
GRAMERCY, LA 70052

**Operator ID: 10805**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

LICENSE TYPE

2012 - 2013 BIENNIAL FEE

**WASTEWATER TREATMENT 1**

**20.00**

**Date Due : June 01, 2012**

**Total Due: 20.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Center for Environmental Health Services

**INVOICE**

DUSTIN M ZERINGUE  
118 CHAMPANGE LN  
AMA, LA 70031

**Operator ID: 22346**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

---

**LICENSE TYPE**

**2012 - 2013 BIENNIAL FEE**

**WATER DISTRIBUTION 4**

**20.00**

**WATER PRODUCTION 4**

**10.00**

**WATER TREATMENT 4**

**10.00**

**Date Due : June 01, 2012**

**Total Due: 40.00**

---

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Address: \_\_\_\_\_

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**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

JAMES J ZERINGUE  
PO DRAWER 934  
GRAMERCY, LA 70052

**Operator ID: 4931**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>
<b>WATER DISTRIBUTION 2</b>	<b>20.00</b>
<b>WATER TREATMENT 1</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 60.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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Department of Health and Hospitals  
Center for Environmental Health Services

**INVOICE**

LAWRENCE P ZERINGUE  
619 AQUARIUS DRIVE  
HAHNVILLE, LA 70057

**Operator ID: 8725**  
**Date: 10/3/2012**

This is your 2012 / 2013 Louisiana Operator Certification Renewal Notice. If your employer pays the fees to cover all certifications for his employees, please refer this invoice to the appropriate person or department for payment.

**Please be sure to include an email address below**

<u>LICENSE TYPE</u>	<u>2012 - 2013 BIENNIAL FEE</u>
<b>WASTEWATER COLLECTION 2</b>	<b>20.00</b>
<b>WASTEWATER TREATMENT 2</b>	<b>10.00</b>

**Date Due : June 01, 2012**

**Total Due: 30.00**

**PLEASE MAKE CORRECTIONS AS NECESSARY TO THE FOLLOWING INFORMATION**

**DO NOT CUT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Employment Address: \_\_\_\_\_

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